DOCUMENT RESUME

ED 350 926 HE 025 904

TITLE	Program Administrator's Handbook. Strategies for Preventing Alcohol and Other Drug Problems. The College Series.
INSTITUTION	CSR, Inc., Washington, D.C.
SPONS AGENCY	Alcohol, Drug Abuse, and Mental Health Administration (DHHS/PHS), Rockville, MD. Office for Substance Abuse Prevention.
REPORT NO	DHHS-ADM-91-1844
PUB DATE	91
CONTRACT	OSAP-277-91-4002
NOTE	98p.; For a related document, see HE 025 903.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Administrator Guides; *Administrator Role; *Alcohol Abuse; Campuses; College Administration; *Drug Abuse; Educational Environment; Federal Programs; Health Education; Higher Education; *Institutional Environment; Intervention; Planning; Prevention; *Program Administration; School Policy; Sex Differences; Student Attitudes

ABSTRACT

This handbook is for administrators of programs in higher education settings which deal with alcohol and other drug (AOD) related problems. Chapter 1, "Defining the Problem, Issues, and Trends" examines the problem from various perspectives and presents the latest statistics on the extent of AOD use on campuses, specific problems affecting students, and barriers facing program administrators. Chapter 2, "Changing the Campus Culture," points out that the prevention task is one of dealing with the total campus culture through multiple strategies of policies and programs. Chapter 3, "Building Strong Intervention Into the Campus Community," focuses on meeting the needs of students, faculty, and staff suffering from AOD problems. Chapter 4, "Summary," identifies key points made in the book. The appendix contains information on campus prevention efforts, describes self-help groups, and provides sources for AOD policies. In addition, the appendix includes tables and figures with additional information about AOD problems on campuses, including differences in use among males and females, the prevalence of binge drinking and cocaine use, and the prevalence of 14 types of drugs. (JB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED350926

The College Series

PROGRAM ADMINISTRATOR'S HANDBOOK

Strategies for Preventing Alcohol and Other Drug Problems

HE 025 904

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

BEST COPY AVAILABLE

The College Series

PROGRAM ADMINISTRATOR'S HANDBOOK

• • •

Strategies for Preventing Alcohol and Other Drug Problems

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Office for Substance Abuse Prevention
5600 Fishers Lane, Rockwall II
Rockville, MD 20857

3

This publication was developed for the Office for Substance Abuse Prevention by CSR, Inc., under OSAP Contract No. 277-91-4002 and edited by Editorial Experts, Inc., under OSAP Contract No. 277-91-4001. Joan White Quinlan of the Division of Communication Programs, OSAP, and David Anderson, Ph.D., of George Mason University provided expert guidance and editorial assistance.

Other contributors to this document include Dorothy T. Moore, Martha A. Vogel, Gina B. Reischman, Jerry Slaff, Janet Reingold, and Vonnie Veltri, Ph.D.

The distribution of this series is conducted through the National Clearinghouse for Alcohol and Drug Information (NCADI). For more information, contact NCADI, Dept. C, P.O. Box 2345, Rockville, MD 20852, 1-800-487-1447. All material, except quoted passages from copyrighted sources, is in the public domain and may be used or reproduced freely. Feel free to copy this booklet in any quantity you wish. Citation of the source is appreciated.

DHHS Publication No. (ADM)91-1844
Printed 1991

TABLE OF CONTENTS

INTRODUCTION 1

Who Should Read This Handbook? 2

Overview of the *Program Administrator's Handbook* 3

Definition of Special Terms 4

CHAPTER ONE: DEFINING THE PROBLEM, ISSUES, AND TRENDS 5

Overview 6

The Problem 8

The Issues 10

The Trends 12

- Trends in Society Reflected in Campus Culture 12
- Trends Among College Students of the Future 12
- Trends in the Federal Government 13

CHAPTER TWO: CHANGING THE CAMPUS CULTURE 19

Overview 20

Groups Crucial to Changing the Campus Culture 21

- College Presidents and Governing Boards 21
- Department Heads and Faculty 23
- Admissions Staff 25
- Student Personnel Staff 25
- Social Activity Organizers 26
- Student Body 29

Fraternities and Sororities 31
Alumni 32
Parents 32
The Community at Large 33
A Word About Evaluation 35

CHAPTER THREE: BUILDING STRONG INTERVENTION INTO THE CAMPUS COMMUNITY 39
Overview 40
Dealing With Students in Crisis 41
Counselors 41
Faculty Role Models 41
Printed Materials 42
Friends 43
Tips for All Helpers 44
The Power of Self-Help Groups 46

CHAPTER FOUR: SUMMARY 49

APPENDIX 55
Examples of Alcohol and Other Drug Prevention Strategies 57
Alternative Activities Suggested by College Students Throughout the Nation in 10 "Policy and Programs for the 1990s" Workshop During 1989 71
Sources of Policy Statements 77
Description of Self-Help Groups 79
Tables and Figures 81
Table 1. Trends in Lifetime Prevalence of 14 Types of Drugs Among College Students 1–4 Years Beyond High School 82

Table 2. Trends in Annual Prevalence of 14 Types of Drugs Among College Students 1–4 Years Beyond High School 83

Table 3. Trends in 30-Day Prevalence of 14 Types of Drugs Among College Students 1–4 Years Beyond High School 84

Table 4. Trends in 30-Day Prevalence of *Daily* Use for Marijuana, Cocaine, Stimulants, Alcohol, and Cigarettes Among College Students 1–4 Years Beyond High School 85

Figure 1. Alcohol: Trends in Annual Prevalence Among College Students vs. Others 1–4 Years Beyond High School 86

Figure 2. Alcohol: Trends in Annual Prevalence Among Male and Female College Students 86

Figure 3. Alcohol: Trends in 30-Day Prevalence of *Daily* Use Among College Students vs. Others 1–4 Years Beyond High School 87

Figure 4. Alcohol: Trends in 30-Day Prevalence of *Daily* Use Among Male and Female College Students 87

Figure 5. Alcohol: Trends in 2-Week Prevalence of Use of 5 or More Drinks in a Row Among College Students vs. Others 1–4 Years Beyond High School 88

Figure 6. Alcohol: Trends in 2-Week Prevalence of Use of 5 or More Drinks in a Row Among Male and Female College Students 88

INTRODUCTION

Alcohol and other drug (AOD) problems on college campuses are of epidemic proportions. While this is a staggering fact, the *Program Administrator's Handbook* is a document of hope. It was written and reviewed by experts who believe that program administrators can take action that will effectively address AOD problems on college campuses.

Although recent reductions in illicit drug use have been dramatic, reductions in college alcohol use have been marginal. Program administrators are in a tricky position because they must work their way carefully through a labyrinth of politics, policies, personalities, and campus traditions. This handbook is filled with creative ideas and suggestions made by program administrators throughout the country who have faced and overcome obstacles in this labyrinth.

The *Program Administrator's Handbook* is part of the "College Series for the Prevention of Alcohol and Other Drug Problems in Higher Education." Developed by the Office for Substance Abuse Prevention (OSAP) of the Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, in the U.S. Department of Health and Human Services, with the assistance of the U.S. Departments of Education and Transportation, the American College Health Association, and representatives of higher education, the series seeks to help all segments of a campus become active in addressing a major health, safety, and educational problem facing colleges and universities today.

The College Series was developed to assist college policy makers, faculty members and administrators to "Put on the Brakes" regarding AOD use on campuses. *The truth is that no campus in America is without an AOD problem.* Our society's denial or minimization of this fact accentuates the problem.

College program administrators are all in similar situations, and they can learn best from each other. Toward this end, all readers are urged to send their ideas for future prevention efforts to the attention of the College Initiative, National Clearinghouse for Alcohol and Drug Information (NCADI), Dept. C, P.O. Box 2345, Rockville, MD 20852.

Who Should Read This Handbook?

Perhaps a more appropriate question than "Who should read this handbook?" is "Who is a program administrator?" For the purposes of this handbook, program administrators include coordinators of AOD programs, residential staff, student personnel staff, student activities personnel, and health center professionals. Anyone who works in an institution of higher learning and is concerned about students can benefit from the *Program Administrator's Handbook.*

Overview of the *Program Administrator's Handbook*

The *Program Administrator's Handbook* contains four chapters. Chapter 1, "Defining the Problem, Issues, and Trends," examines the problem from various perspectives. It also presents the latest statistics on the extent of AOD use on campuses, specific AOD-related problems affecting students, and barriers facing program administrators. Last, it describes current trends in society, on campuses, and within the Federal Government that can have a significant impact on prevention efforts.

Chapter 2, "Changing the Campus Culture," points out that the task of preventing AOD problems is one of dealing with the total campus culture through multiple strategies of policies and programs.

Chapter 3, "Building Strong Intervention Into the Campus Community," focuses on meeting the needs of students, faculty, and staff suffering from AOD problems. It also describes the support systems needed to ensure that students in recovery avoid relapse.

Chapter 4, "Summary," identifies key points made in the handbook. The appendix contains information on campus prevention efforts, describes self-help groups, and provides sources for AOD policies. In addition, the appendix includes tables and figures with additional information about AOD problems on campuses, including differences in use among males and females, the prevalence of binge drinking and cocaine use, and the prevalence of 14 types of drugs.

Definition of Special Terms

Several terms in this handbook require explanation. These terms are "AOD," "colleges," and "students."

Often in the handbook, the phrase "alcohol and other drugs" has been shortened to "AOD," a common practice of researchers and professionals in the field. Also, the term "colleges" is used to refer to all institutions of higher education to avoid excessive use of the phrase "colleges and universities." The term denotes any institution that provides postsecondary education to undergraduate, graduate, full-time, part-time, residential, or commuter students.

Finally, when reference is made to alcohol-related issues, the term "students" in this handbook, unless otherwise noted, refers to 8- to 21-year-old students because of the 21 minimum age law. The ideas presented, however, apply to all students. The major difference is that the ultimate goal for students under age 21 is *no* use of alcohol or other drugs. For other students, the goal is low-risk consumption of alcohol and no use of illicit drugs; "low risk" means paying attention to physical issues, family background, pregnancy risk, legal considerations, safety concerns, health, and other personal issues. For example, pregnant women, alcoholics, youth under the age of 21, and people driving cars or operating other machinery should not drink alcohol.

Chapter One:

DEFINING THE PROBLEM, ISSUES, AND TRENDS

Overview

Students and other young adults in the United States are more involved with illicit drugs than are their counterparts in other industrialized nations.[1] They spend more on alcoholic beverages each year than they spend on textbooks. For the approximately 12 million college students in the United States, annual consumption of alcohol is more than 430 million gallons,[2] the equivalent of 3,500 Olympic-size pools or approximately 1 pool per campus.[3] These and other facts found in the OSAP White Paper, *Alcohol Practices, Policies, and Potentials of American Colleges and Universities*,[4] suggest that such use has serious consequences for colleges and universities:

Students dropping out of college. Over 7 percent of the Nation's freshmen will drop out of college for alcohol-related reasons,[5] as a result, colleges will lose more than $261 million in tuition.[6]

Death. Of the college students currently enrolled in the United States, approximately the same number will eventually die from alcohol-related causes as will get master's degrees and doctorates combined.[7]

Lost productivity. College administrative staff responding to a 1988 survey estimated that approximately 34 percent of students' academic failures and 25 percent of attrition were related to alcohol use.[8] Also, a review of studies on college students' drinking showed that missing class or work was the most common indicator of problems.[9]

Decline in critical thinking. It appears that some loss of cognitive power accompanies the deleterious effects of AOD use on the central nervous system. For example, at one Missouri university, a student complained to a department head that certain questions on a midterm examination were "unfair." The student had no recollection of several lectures because she regularly smoked marijuana before going to class.[10] Researchers have found that chronic exposure to delta-9-tetrahydrocannabinol (THC), the psychoactive ingredient in marijuana, damages and destroys nerve cells and causes other pathological changes in the brain.[11]

Injuries and other incidents. Administrators of approximately 200 colleges and universities estimated in a 1988 survey that, on the average, alcohol is involved in 68 percent of the violent behavior and 52 percent of the physical injuries on their campuses. Both numbers are significantly greater than the corresponding percentages found in responses to a 1985 survey. Moreover, some highly publicized incidents

have been cocaine induced, such as the death of college sports star Len Bias. Many other tragedies go unreported, such as the case of an alcohol-impaired Maryland student who drowned in a residence hall bathtub.[12]

A deadly tendency toward mixing two or more drugs. Alcohol often is an auxiliary drug for cocaine users who self-medicate with alcohol to relieve a psychological "crash" after a cocaine high.[13] Other polydrug users, such as a Kentucky student who succumbed to an alcohol and barbiturate combination, appear to be seeking extra sedation and not suicide, although thoughts of suicide apparently increase as drinking increases.[14]

When alcohol is the primary drug on campus, dual dependency is frequently reported by females, who are more likely than males to take a prescription drug. In a survey by Alcoholics Anonymous (AA), 45 percent of the female members of AA, reported having been dependent on both alcohol and another drug, compared with 35 percent of the male members.[15]

The Problem

A 19th-century scientist once said, "The correct solution to any problem depends primarily on a true understanding of what the problem is."[16] Here, the problem is that many college students are involved in AOD use and are destroying their potential. This chapter describes the seriousness of such use, using information taken from the "Monitoring the Future" project sponsored by the National Institute on Drug Abuse.[17] The surveys included in this project involve college and noncollege students 1 to 4 years after high school graduation. Tables from the study are included in the appendix. Below are highlights of the survey findings:

1. The use of illicit drugs by college students has declined sharply over the past 5 years.

   ✔ Marijuana, cocaine, and stimulants are the three illicit drugs that affect the greatest proportion of young Americans in their late teens and early twenties. Among college students, the annual prevalence rates for these drugs are 29 percent, 5.6 percent, and 4.5 percent, respectively. Five years ago, however, the annual prevalence rates were 41.7 percent, 17.3 percent, and 11.9 percent respectively.

   ✔ The annual prevalence rates for other drug use, not including drugs used under a physician's care, are 4.3 percent for lysergic acid diethylamide (LSD), 0.6 percent for crack cocaine, 0.1 percent for heroin, 2.9 percent for other opiates, 3.9 percent for inhalants, 1.4 percent for sedatives, 1.4 percent for barbiturates, and 3.0 percent for tranquilizers.

   ✔ Without question, the most important change in the late 1980s has been the sharp downturn in cocaine use. The annual prevalence of cocaine use fell by about 67 percent, and the 30-day prevalence fell by even more. As the principal investigators of the "Monitoring the Future" project predicted, the decline occurred when young people began to see that experimental and occasional use was dangerous.

2. Alcohol use by college students has changed only modestly (a 3- to 7-percent reduction) in recent years.

   ✔ Although it is illegal for many college students to buy alcoholic beverages, almost all of these students have some experience with alcohol. More than nine in ten have drunk alcohol (see appendix Table 1). Moreover, compared with their noncollege peers, today's college

students have a slightly higher annual prevalence of alcohol consumption (89 percent versus 87.4 percent) and a higher monthly prevalence (75 percent versus 71 percent) (see appendix Tables 2 and 3).

- ✔ The most important alcohol-related difference between college students and their noncollege peers is in the number of occasions of heavy drinking, which is defined as consuming five or more drinks in a row during the past 2 weeks. Forty-one percent of the college students "binge" drink, compared with 34 percent of their noncollege peers (see appendix Table 4).

- ✔ In most surveys since 1980, college students have had a daily drinking rate (3.8 percent in 1990) that is slightly lower than the rate for their noncollege peers (4.7 percent in 1990), suggesting that students are somewhat more likely to confine their drinking to weekends, when they tend to drink heavily.

The data from the "Monitoring the Future" project reveal the extent of the college AOD problem, but they do not communicate the range of AOD-related crises that students face as a result of AOD use. These include

- ✔ alcoholism (which, left untreated, is often fatal);
- ✔ drug addiction and other drug-related problems, including death;
- ✔ increased risk of acquired immuno deficiency syndrome (AIDS) (because AOD-impaired judgment often leads to unprotected sex and other high-risk behaviors such as the sharing of needles among intravenous drug users);
- ✔ impaired-driving car crashes;
- ✔ emotional damage (which afflicts—or will afflict—most of the 28 million children of alcoholics in the United States even after they leave home);
- ✔ fetal alcohol syndrome and other drug-related birth defects (the risk for which is greater if female students use alcohol or other drugs at any time during pregnancy, including during the several weeks that may pass before they realize they are pregnant);
- ✔ date rape, violence, and other crimes;
- ✔ trauma (many falls, fires, and drownings are connected to AOD use);
- ✔ fatal AOD overdoses (occurring from drinking games, club initiations that involve heavy alcohol ingestion, illegal drug use, prescription drug abuse, or mixing alcohol and other drugs); and
- ✔ lost potential.

The Issues

Many obstacles act as roadblocks to efforts on campus that seek to prevent the variety of AOD-problems described in the preceding section. The following were identified through a series of workshops conducted by Hazelden Health Promotion Services and the U.S. Departments of Transportation, Health and Human Services, and Education entitled "Policies and Procedures for the 1990s: A Team Approach to the Prevention of Alcohol, Other Drug, and Traffic Safety Problems in Higher Education." [18]

- ✔ loss of momentum after program startup;
- ✔ resistance to change;
- ✔ difficulty reaching commuter students;
- ✔ lack of communication among campus organizations;
- ✔ lack of AOD-free activities;
- ✔ student attitudes and lack of support and involvement;
- ✔ planners' lack of knowledge regarding the needs of multicultural/nontraditional students;
- ✔ faculty lack of training needed to identify problems;
- ✔ turf issues;
- ✔ need for AOD-related curriculum;
- ✔ lack of community referral resources;
- ✔ lack of dedicated resources;
- ✔ no employee assistance programs (EAPs);
- ✔ meager coordination and staffing of prevention program;
- ✔ different priorities "at the top";
- ✔ unclear policies and procedures that are unenforceable;
- ✔ lack of program visibility;
- ✔ no easily observed results;

- ✔ low priority for student services;
- ✔ lack of recognition of the problem by the media; and
- ✔ advertising and promotion of alcoholic beverages.

Although these obstacles may seem overwhelming, they can be dealt with when taken one at a time. Many are addressed in chapter 2.

The Trends

Trends in Society Reflected in Campus Culture

Campus culture reflects the society of which it is a part. In general, American society values healthy bodies and clear minds over "getting high," a major change from the 1960s. College students have responded to this change, as demonstrated by their declining use of many drugs. Tables 1–4, from the "Monitoring the Future" project, depict the prevalence trends of 14 types of drugs used by college students. Although the tables show that usage rates are still unacceptably high, there are signs of hope.

One drug still consumed heavily on campus is alcohol. Many people view alcohol consumption and heavy drinking by college students as a "rite of passage." Drinking behavior that would elicit concern if practiced by an adult over 21 years of age is viewed as "normal" for college students.

Society does not take college drinking seriously enough and neither do the students. A Gallup poll asked students to rate their view of the seriousness of "alcohol abuse problems" on campus.[19] Only 14 percent said that it was a serious problem, 39 percent indicated it was somewhat of a problem, 32 percent reported it was not too much of a problem, and 15 percent reported it was no problem or had no opinion. Given that the "Monitoring the Future" project found that 41 percent of college students reported binge drinking during a previous 2-week period, there appears to be a dangerous wall of denial by college students.

Trends Among College Students of the Future

It is hoped that colleges will soon see a change in the AOD-related attitudes and practices of freshmen. The expectation is that current prevention efforts in elementary, junior high, and high school will begin to pay off as these students enter college. Given that 7 percent of the freshman class drop out each year because of alcohol-related problems, representing millions of dollars lost from tuition, colleges can ill afford *not* to begin making significant changes in the campus environment.

For example, in focus group discussions held with over 200 students representing every size and type of college in the Nation, OSAP learned that students drink, in part, because "there is nothing else to do." College policymakers and administrators should consider the following questions: "How

late is the student union, gym, cafeteria, or library open?" "What do we offer students to do from 10:00 p.m. to 2:00 a.m. on Friday and Saturday nights?" "Where can students go who just want to discuss or debate issues important to them?" "How often do we involve students in setting policies or establishing standards of behavior and consequences for violations?" Answers to these questions will require taking a hard look at the campus climate and being ready to make necessary changes.

Trends in the Federal Government

There is a definite Federal interest in preventing AOD problems on college campuses. College issues are top priorities for the Departments of Health and Human Services, Education, and Transportation. For example, in 1987 OSAP convened a special "College Team" to study the needs and resources available to colleges. This team comprised representatives from the Departments of Education and Transportation, OSAP, NCADI, and various associations and colleges.

As a result of the team's recommendations, OSAP initiated a public information and education effort entitled "Put on the Brakes: Take a Look at College Drinking." Launched in 1991 by the Surgeon General of the U.S. Public Health Service, Dr. Antonia Novello, in conjunction with spring break activities, this program calls for major national attention to be given to problems of alcohol consumption at colleges. Besides developing and distributing this publication series, OSAP has also conducted market research to learn college students' perceptions of the issues, has reviewed the literature and prevention resources available to colleges, and will continue to send speakers to national conferences to call attention to the prevention needs of colleges.

OSAP also offers a service of special interest to faculty members and administrators through the National Clearinghouse for Alcohol and Drug Information (NCADI), its information clearinghouse. NCADI is the Federal resource for AOD information. It works with and through Regional Alcohol and Drug Awareness Resource (RADAR) network centers located in each State. Together, they form a national resource system with the latest research results, popular press and scholarly journal articles, videotapes, prevention curriculums, print materials, and program descriptions. By contacting NCADI (1-800-729-6686), program administrators can obtain the telephone number of their nearest RADAR network center or the number of a RADAR specialty center.

The Department of Education operates two programs of special interest to faculty members: the Fund for the Improvement of Postsecondary Education (FIPSE) program, and the Network of Colleges and Universities Committed to

the Elimination of Drug and Alcohol Abuse, which has developed a set of standards that provide an outline of activities around which campuses can develop an AOD prevention effort. (Please note that the standards of the U.S. Department of Education do not necessarily reflect the official policy of the Office for Substance Abuse Prevention.)

The FIPSE program supports AOD education and prevention programs. To date, FIPSE has awarded 380 competitive grants, most of which have given 2 years of funding to institutional programs. The Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse has 1,300 member colleges and has been endorsed by 18 college-related associations.

The Department of Transportation's National Highway Traffic Safety Administration (NHTSA) has developed a resource manual entitled *A Winning Combination: An Alcohol, Other Drug and Traffic Safety Handbook for College Campuses.* The target audience is campus AOD program coordinators. The manual has been sent to all college presidents, NHTSA regional offices, and many professionals in the field who are working at the college level. It has been made available to participants in the regional college workshop and training-of-trainers series entitled "Policies and Programs for the 1990s: A Team Approach to the Prevention of Alcohol, Other Drug, and Traffic Safety Problems in Higher Education." The workshop and training series—jointly sponsored by NHTSA, OSAP, and the Department of Education—promote planning, implementation, and evaluation of comprehensive collegiate prevention programs; a key ingredient is the bringing together of teams from various colleges to make a difference collectively. Those interested in obtaining more information on these workshops should contact Health Promotion Resources, 1-800-782-1878.

Faculty members and administrators may write to NHTSA to receive resource publications on a variety of safety issues, including drinking and driving, safety belt use, and bicycle safety. Requests for transportation safety materials may be sent to NTS-21, NHTSA, 400 Seventh Street, SW, Washington, DC 20590.

In the years ahead, it is expected that the Federal Government will increase its focus on prevention on college campuses as key issues are identified and more research is conducted. This is an encouraging time for program administrators concerned with AOD problems on their campuses. The college efforts and those of OSAP, the Department of Education, and NHTSA are gaining momentum and support in the public and private sectors, and additional initiatives are expected in the future.

Understanding the problem is the first step. The next step is designing an approach that deals with the multifaceted AOD problem. That is the topic of the next chapter, "Changing the Campus Culture."

Notes

1. Johnston, L.D., O'Malley, P.M., and Bachman, J.G. *Illicit Drug Use, Smoking, and Drinking by America's High School Students, College Students, and Young Adults, 1975–1987.* DHHS Pub. No. (ADM)89-1602. Rockville, MD: National Institute on Drug Abuse (NIDA), 1988. p. 14.

2. CSR, Incorporated, *Quick Facts,* Alcohol Epidemiological Data System, May 8, 1989.

3. Data are from the National Spa and Pool Institute and assume an Olympic-sized pool is 120,000 gallons, about six times the size of a residential swimming pool. The amount of alcohol consumed annually by college students would fill more than 20,000 residential swimming pools—more than the number in many States in the U.S.

4. Eigen, L.D., Ed. *Alcohol Practices, Policies, and Potentials of American Colleges and Universities* for the Office for Substance Abuse Prevention, February 1991. Distributed by the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

5. Eagle, E., and Schmidt, C. *Patterns and Trends for Dropping Out From Postsecondary Education; 1972, 1980, and 1982 High School Graduates,* National Center for Educational Statistics, January 1990.

6. This figure is very conservative, representing tuition loss only from alcohol-related freshman dropouts from among "traditional" students. Average tuition loss per student is $2,178 per year (*Current Funds, Revenues, and Expenditures of Higher Education, Fiscal Years 1980–1988,* National Center for Educational Statistics, 1991, forthcoming). Traditional freshman dropouts are over 120,000 per year, but total freshmen dropouts are as high as 155,000 per year (*Digest for Educational Statistics, 1991 Edition,* National Center for Educational Statistics, 1992, forthcoming).

7. The average U.S. alcohol-related mortality figures are between 1.9 and 3.1 percent, based on various estimates given by P. Van Natta et al., "The Hidden Influence of Alcohol on Mortality," *Alcohol Health & Research World,* 9:56–59, 1985. The advanced degrees are given by *Statistical Abstracts of the United States,* Table No. 267, U.S. Department of Commerce, 1989.

8. Anderson, D.S., and Gadaleto, A.F. *The College Alcohol Survey 1979-1988.* (Copies may be obtained from David Anderson, Ph.D., Center for Health Promotion, George Mason University, Fairfax, VA 22030.)

9. Saltz, R., and Elandt, D. College student drinking studies 1976–1985. *Contemporary Drug Problems* 13:117–159, 1986.

10. NIDA. Marijuana update. *NIDA Capsules,* May 1989. p. 2.

11. *Ibid.* p. 14.

12. NIDA. Cocaine use in America. *Prevention Networks,* April 1986. p. 7.

13. Burglass, M.E. Use of marijuana and alcohol by regular users of cocaine. In: Milkman, H.B., and Shaffer, H.J. (eds.) *Addictions: Multidisciplinary Perspectives and Treatments.* Lexington, MA: Lexington Books, 1985

14. Snodgrass, G., and Wright, L. Alcohol and polydrug use among college undergraduates. *NASPA Journal* 21(2):26–35, 1983.

15. Cited in National Council on Alcoholism (NCA). "NCA Policy Statement: Women, Alcohol and Other Drugs." New York and Washington: NCA, April 1988.

16. Arthur Mellen Wellington. In: Eigen, L.D., and Siegel, J.P. (eds.): *The Manager's Book of Quotations.* New York: AMACOM, 1989.

17. Johnson, L.D., O' Malley, P.M., and Bachman, J.G. *Illicit Drug Use, Smoking, and Drinking by America's High School Students, College Students, and Young Adults, 1975–1990.* Rockville, MD: NIDA, 1991 (forthcoming).

18. Anderson, D.S. Obstacles for campus initiative on drug/alcohol issues. *Policies and Programs for the 1990s Workshops.* Minneapolis, MN: Hazelden Health Promotion Services, 1989.

19. The 1987 October Gallup Poll. *The Gallup Report (No. 265).* Princeton, NJ: October 1987.

Chapter Two:

CHANGING THE CAMPUS CULTURE

Overview

The deeper AOD problem is a campus culture that ignores or accepts—and sometimes celebrates—AOD use. Good ideas struggle and die when they are implemented without a context to support them. To stop AOD use, program administrators must devise ways to confront and change the very essence of the campus culture.

This chapter addresses how administrators can tackle the broader issues about this campus culture rather than just reacting to the symptoms.

Groups Crucial to Changing the Campus Culture

Obviously, the campus culture will not change overnight. Still, program administrators whose ultimate goal is change can promote initiatives, encourage some projects while discouraging others, and educate key players.

Alvin Toffler, futurist and writer, was quoted in *Newsweek* as saying, "You've got to think about big things while you're doing small things, so that all the small things go in the right direction."[1] Success for a program administrator is moving many small things in a direction that ultimately leads to change.

This chapter focuses on organizational units in which to influence change: the college president and governing board, department heads and faculty, admissions staff, student personnel staff, social activity organizers, the student body, fraternities and sororities, alumni, parents, and the surrounding community.

College Presidents and Governing Boards

In analyzing his experiences directing the AOD prevention program at the University of Massachusetts, Dr. David Kraft emphasizes that program authority is crucial: "Any program to prevent or treat alcohol problems must receive direct sanction and endorsement by major officials of the college or university."[2]

Program authority is not always easy to obtain. Many program administrators complain that AOD programs are a low priority of their presidents and boards. One way to raise the awareness of the president and board is to conduct a campuswide assessment to elicit the AOD knowledge, attitudes, and practices of students. An assessment at one college showed that almost 50 percent of the men on campus drank approximately 10 to 12 drinks on at least two occasions per week. The president and board became very supportive when presented with this data, strongly agreeing with the program administrator that these students were at high risk for alcohol-related problems.

A second way is to form a task force with representation from all the major constituencies on the campus—especially student groups. The purpose of the task force is to review conditions on the campus and to define actions relating to policy, education, and intervention. If the task force is set up after the assessment, it can use the assessment data to analyze the campus culture.

A third strategy is to collect information about behavioral incidents on campus involving alcohol or other drugs. In addition, each representative on the task force might be asked to interview a sampling of students to determine student attitudes and experiences. It is also important to obtain information about the campus environment that subtly encourages alcohol use, such as the marketing and advertising of alcoholic beverages (determined, for example, by examining the number and types of alcohol-related advertisements and promotions in campus newspapers).

Such an approach deals with the AOD problem directly, honestly, and openly. The process of analyzing and planning becomes part of the AOD education for the entire campus. The greatest difficulty with such an approach is that some presidents or boards may resist a prevention initiative that is so visible.

If the campus leaders emphatically oppose an assessment and/or a task force, perhaps they would agree to addressing AOD use on campus indirectly. One way is to organize a campus planning group that would have as its main focus something other than the prevalence of AOD use on the campus.

One program administrator helped to start a campus "traditions committee" that included faculty, staff, students, and alumni. The campus had a problem retaining students for several years, partly because students felt that the only entertainment options available were privately hosted parties off campus at fraternity houses. The partying students were part of a subgroup that was not doing well academically. The traditions committee started by surveying students, faculty, and alumni about things they viewed as traditions of the college. This list yielded a mixture of events from academic and service traditions to the traditional drinking at the fraternity parties. Next, the traditions were compared with the values of the college to determine whether they were the kinds of traditions that would truly reflect the character of the college.

The approach sought to accentuate positive old traditions and to build positive new ones. The goal was to have a core of committed students, faculty, and alumni emerge to support the new and enhanced traditions and to sell these traditions to their peers and colleagues. Ultimately, positive new

traditions began to supplant the negative traditions of the old campus culture that had focused on the use of alcohol. This transition turned out to be a well-planned move that the president and board could applaud.

Department Heads and Faculty

The ultimate goal on which to focus with department heads and faculty is improvement of the academic environment. If they can be convinced that an AOD program supports and adds to the educational environment, they are more likely to support it.

Department heads and faculty can be convinced of the importance of educational efforts directed at prevention. Educators across the country have found that an effective way to improve students' knowledge, attitudes, and behavior regarding alcohol and other drugs is through education.[3] And this can be done in almost every course in the curriculum.

A curriculum that fosters AOD education frees both faculty and students to discuss AOD-related issues in an open and productive exchange of ideas. Such discussions reduce denial and other negative reactions that impede prevention efforts.

Ideally, the first courses to be used for AOD-related discussions should be those required of every student for graduation. If this is done, the task of evaluating the results later will be easier and more informative.

Some specific topics have been designed and used by faculty teaching undergraduate courses:

- ✔ *Psychology.* Assign papers on alcohol and other drugs as mind-altering chemicals, examining how such chemicals affect the nervous system and disrupt behavior. Discuss theories and studies about denial and other defense mechanisms and coping behaviors related to AOD use; about the effects of alcohol and marijuana on learning and memory; and about the effects of cocaine, heroin, phencyclidine (PCP), and other drugs on personality and emotional stability.
- ✔ *General biology.* Examine botanical distribution and characteristics of plants and mushrooms that are used as drugs or are used to make them, the anatomical and physiological sites of action of alcohol and other drugs, and the biochemical changes induced by these agents.

- ✔ *General chemistry.* Examine molecular structures of alcohol and other drugs and how these structures have been changed to produce new and more dangerous drugs (e.g., morphine changed into heroin, cocaine changed into crack, and alcohol mixtures distilled into more potent intoxicants).

- ✔ *Mathematics.* Calculate the different measurement scales of the ethanol content in different drinks or the intoxication rates at different dose levels. In a statistics-oriented course, analyze the epidemiology of AOD use and assign problems for graphing, correlations, and inferential tests of significance.

- ✔ *English composition.* Assign story, essay, and discussion topics (e.g., how drinking might have handicapped the writing careers of Dylan Thomas, Edgar Allan Poe, or Ernest Hemingway).

- ✔ *Western civilization.* Discuss the history and sociology of fermented beverages, from ancient mythology through contemporary practice. For the United States, concentrate on cycles of use, and on legal or economic measures to prevent illegal use of narcotics, cocaine, alcohol, and marijuana.

- ✔ *Political and social sciences.* Discuss where and how to take effective action against the spread of crack cocaine, discuss the control of street gangs and proposed solutions to other drug-related problems, and debate the politics of legal and economic approaches to preventing and reducing AOD problems.

- ✔ *Introductory philosophy.* Hold Socratic dialogues on changes in others' lives that are caused by one's own drinking or drug-taking behavior.

- ✔ *Marketing research.* Conduct a survey on knowledge, attitudes, and practices of students concerning alcohol and other drugs, or on legal and ethical issues related to marketing legal products to underage groups.

- ✔ *Business and society.* Conduct a study of AOD issues—including drug testing—on personal, business, and professional levels.

- ✔ *Systems analysis and design.* Assign a small group study of alcohol problems in the workplace and of the benefits of EAPs.

- ✔ *Plant science.* Assign papers on how plants are used to produce illegal drugs and on the harmful effects of these drugs.

- ✔ *Speech.* Hold debates and presentations on alcoholism, drug addiction, self-help groups, community action groups, impaired driving, treatment, prevention, intervention, prenatal addiction, fetal alcohol syndrome, AOD-related crime, alcohol advertising, the myth of the typical alcoholic or drug addict, or what students can do to reduce AOD incidents.

- ✔ *Public relations.* Design a community coalition of concerned citizens and local businesspeople who want to fight AOD-impaired driving. Develop a budget, time schedule, and strategy. Prepare news releases, media kits, backgrounders, and brochures.

- ✔ *Advertising or social marketing.* Conduct focus groups of students of various ages, residential settings, majors, and fraternity and sorority affiliations to develop a report on prevention on campus.

- ✔ *Journalism.* Analyze media coverage of AOD issues, how reporters cover the stories, and related ethical issues.

These and other AOD topics can be developed individually or discussed in faculty workshops and departmental planning sessions, depending on institutional practices. If a coordinated plan can be agreed on, the same examples can be featured in different courses, each requiring its own skills. For example, the intoxication curve, which is a line graph showing the rise and fall of the blood alcohol level after drinking, can become familiar through its use in teaching quantitative thinking. It can also be put to practical use in courses ranging from business (when drug-free workplace issues or employee insurance coverage is discussed) to political science (when drug-testing issues are explored).

Admissions Staff

Admissions staff know that students must be attracted to both the social and the academic environment of a campus. Admissions staff may not wholeheartedly support possible changes in AOD policies and programs, yet their support is essential. The college's promotional materials (film, prospectus, brochures) subtly convey the environment that prospective students can expect. Even more, admissions strategies such as campus tours provide a picture of the college, which affects the kind of students who will be attracted. Innuendoes that the college is a "party school" are important messages that should not be overlooked. The goal should be to portray the college realistically, emphasizing both academics and AOD-free social activities.

Student Personnel Staff

Based on a survey of college AOD programs that focus on attitudes and training needs, O'Connell and Patterson reported the following about student personnel staff:

> These professionals see themselves as responsible for helping troubled students without having the training or personnel to deal effectively with the problem. The keen interest in continuing

education to fill the gap in their background suggests that viable, well-researched training programs are needed to assist the student personnel to meet the challenge.[4]

The focus of student personnel is often perceived to be exclusively student self-actualization. Unfortunately, considerable time is spent in dealing with inappropriate student behavior. Because most personnel never intended to be involved in preventing AOD problems when they accepted their positions, the futility of dealing with these problems without the proper tools may cause these employees to be skeptical of any new efforts. For instance, members of one student personnel office needed a comprehensive description of the most common drugs, pointers on how to recognize their effects, a list of physical symptoms that often signal AOD use, a supply of brochures to give students the facts regarding the dangers of AOD use, and a video for mandatory viewing by students receiving AOD-related disciplinary action. Program administrators cannot change a student personnel officer's job, but they can help provide information.

Social Activity Organizers

Organizers of social events on campus may include the student council, student union managers, leaders of campus organizations, fraternities and sororities, residence hall leaders, team managers, athletic groups, newspaper staff, faculty members, and others. To change the campus culture, activities that would normally feature alcohol must become alcohol-free or at least be carefully monitored so that underage students are not drinking.

Administrators often must compete with beer distributors who have much to gain and nothing to lose if they can convince the student union to hang a banner on campus that reads, "XX Beer and the Big Gold Student Union Host Campus Olympics Day!" Beer distributors often have money and are not hesitant about distributing it if their name and product are mentioned. Such a "no-strings-attached" offer of resources can be very attractive. Organizers of social activities sometimes do not recognize that they are advertising alcohol to an audience that is largely under 21 years old. Their partnership with a beer distributor may suggest that they are encouraging drinking by all participants, even though the ostensible message may be, "Don't drink if you are under 21."

Alternative sponsors include athletic apparel companies, city newspapers and their foundations, regional professional teams, blue-jean designers, soft drink companies, fast-food chains, grocery store chains, civic groups and clubs, makeup companies, video rental chains, movie theater chains, potato chip and snack food companies, ice cream parlor chains, airlines, alumni who own large corporations, malls, and any regionally based national companies.

Alone or in combination, these businesses convey a message by their sponsorship that is much more positive than that of breweries or tobacco companies.

Program administrators must involve themselves in planning an activity long before it is promoted to students. Administrators should involve college students in planning AOD-free activities, include all student groups on campus, hold activities regularly, and schedule the activities to include the "high-risk" hours (10 p.m. to 2 a.m.).

Program administrators also should be well prepared when attending planning meetings. They should be ready to present documentation of campus problems, show a clear understanding of issues associated with local laws, and offer good alternative ideas.

The most successful alternative ideas provide intense natural stimulation on a variety of levels, making the artificial stimulation of alcohol and other drugs pale by comparison. Each geographical location presents a range of possibilities to consider, and student preferences seem to reflect regional differences. Several possibilities for themes and activities are described below to help program administrators begin brainstorming their own suggestions for activity organizers.

Use a television show's popularity. For example, have a "Wonder Years" night. Activities might include look-alike contests for the show's main characters, prizes for the best sixties costume, a twist contest, a sixties-style rally down the center of the city (perhaps protesting against the next rival football team?), and a dance featuring sixties music complete with faculty dressed in sixties-style establishment clothes.

Another example is based on "America's Funniest Home Videos." Any legitimate campus group (residence hall floors, fraternities, sororities, teams, Reserve Officers' Training Corps [ROTC], the psychology department, the faculty, the cafeteria staff, math graduate students, etc.) can register to borrow or rent a video camera to tell the world through the medium of film who they really are. The best and funniest videos can be made into a presentation similar in format to the popular television show. Sell tickets; find a funny master of ceremonies; and serve hot dogs, popcorn, and soft drinks. Let the audience vote on the prize-winning segment. Contact the local media because they may want to feature the spoof on a local news show. This could easily become a campus tradition!

A third idea based on television is "The Simpson Family Olympics." Before the event, participants can compete to become finalists in a "Simpson Family Sound-Off." The night of the festivities, 15 student finalists with three-sentence scripts can vie against each other to try to sound most like Homer, Marge, Lisa, or Bart. Similar contests can be held for Simpson family look-alikes. Other students can sign up for teams representing each Simpson family member in competitions like the "Bart Simpson Synchronized Burps," the "Homer Simpson Biggest Belly Bulge-Off," the "Marge Simpson Hair Pileup" (in which, armed with only a tease brush and hair spray, contestants compete to see who can get their hair highest in 3 minutes), and the "Simpson Family Jello War." Special T-shirts commemorating the event can be offered as prizes. Again, be sure to call the media.

Ride the popularity of blockbuster movies. Examples of past blockbusters that could have been used as a vehicle for AOD-free activities are "Dick Tracy," "Batman," and "Jaws." Look for current blockbusters that movie studios are actively promoting. Even now, very few adventuresome students would turn down the opportunity to spend a scary evening floating on rafts in the college's pool, with the lights turned low, watching "Jaws" on a wide screen with their friends!

Use a theme that captures the imagination. Some themes that can stretch creative imaginations are a Hawaiian luau, song titles, casino night, a fifties sock hop, the circus, a rodeo, a masquerade, an anti-arts festival (students come dressed as wildly as they dare), university Olympics, and class histories (slide shows, skits, class wills).

Look for the unusual. Instead of a wine tasting, ask local restaurants to participate in a "taste-of-the-town" event at which students exchange tickets at food booths for samples of Chinese food, pizza, ice cream, barbecue, and other specialties. Sponsor an AOD-free picnic with tethered hot-air balloon rides. Take students across the State in a rented train. Organize a computer night and match students with their "perfect mates" for a dance. Turn the cafeteria into a dinner theater and invite the drama department to perform. Rent an amusement park for the night. Host an all-night movie showing in the gym, complete with movie trivia contests and surprise "monsters" to show up periodically.

AOD-free activities require some planning and creativity. Although, as students say, "Anything that is done when drunk can be done sober." The important message in this is to have activities regularly and at times when students tend to socialize. See the appendix for a list of activities generated by

students at the federally sponsored "Policies and Programs for the 1990s: A Team Approach to the Prevention of Alcohol, Other Drug, and Traffic Safety Problems in Higher Education."

Student Body

Prevention strategies should recognize and reinforce the many students who do not use alcohol and other drugs. Still, the needs of students who are involved in AOD use must be analyzed and met. The specific reasons students become involved in AOD use are as individual as the students themselves. Some students use alcohol or other drugs simply because their peers do. Caleekal-John and Goodstadt have identified several reasons why students use alcohol,[5] reasons that can be easily generalized to other drug use. The reasons are that drinking is

- ✔ a symbolic act of rejecting authority or asserting adulthood;
- ✔ a means of coping with new freedoms and challenges, stresses, frustration, powerlessness, anxiety, depression, boredom, and personal problems;
- ✔ a behavior undertaken for psychosocial reasons, including the enhancement of relaxation, personal confidence, sexual arousal, celebration, and "having fun"; and
- ✔ a way to get high or escape.

The most successful educational efforts include important messages that today's college students need to understand and internalize. From the focus group testing, OSAP's College Team, described in chapter 1, has compiled 20 messages which can be used in reaching students and college personnel:

1. *New freedom.* Newfound freedom can be used to make intelligent choices, such as resisting peer pressure.

2. *Future career.* AOD use can destroy future careers.

3. *AIDS connection.* AOD use can increase the risk of AIDS due to AOD-impaired judgment that may lead to unsafe sexual choices or intravenous drug use with shared needles.

4. *ACoA.* Understand what it means to be an "Adult Child of an Alcoholic (ACoA)" and learn where help can be found.

5. *Social drinking.* A person who needs a drink to be social is not a social drinker.

6. *Negative consequences.* Negative consequences of AOD use include possible physical and psychological trauma, weight gain from alcohol, loss of respect, and impaired academic or athletic performance.

7. *Intervention.* Friends help friends find help for AOD problems.

8. *Denial of alcoholism.* There is no "typical alcoholic," and even people younger than college age can suffer from alcoholism.

9. *Impaired driving.* Do not drive impaired or ride with an impaired driver.

10. *Natural life.* Enjoy life naturally.

11. *Relationships.* Problems in relationships can often be traced to AOD use.

12. *Uppers.* Do not use "uppers" to stay awake to study.

13. *Mixing drugs.* Do not mix drugs, even over-the-counter drugs.

14. *Parents.* It is okay for parents of college students and for college students themselves to reach out for help with their AOD problems.

15. *Alcohol advertising.* Do not let advertising distort your thinking about drinking.

16. *Stress.* There are healthy ways to deal with stress.

17. *Binge drinking.* Any drinking involves risk, but drinking several drinks or more in a row is fraught with special dangers.

18. *Peer pressure.* Peer pressure to use alcohol and other drugs does not end after high school.

19. *Law.* It is illegal for anyone under 21 to drink.

20. *Consequences.* AOD use has adverse effects.

These messages can be incorporated into classes, special events, posters, and seminars. In fact, program administrators throughout the country have been creative in developing prevention outreach efforts that incorporate such important messages. Some of these efforts are described in the appendix.[6]

Obviously, reaching a student body is not a one-shot effort but an ongoing process. It is only a single element in changing an overall campus culture, but it is most critical. *A Winning Combination,* described in chapter 1, provides a variety of examples from other college programs that can be adopted by or adapted to another campus.

Fraternities and Sororities

Faulkner and colleagues studied specific patterns among fraternity pledges and found the following:[7]

- ✔ Men whose families do not have established ground rules for drinking and who personally lack self-imposed guidelines are likely to drink more heavily.
- ✔ Men whose families have higher levels of education and higher family incomes are more likely to be heavy drinkers.
- ✔ Men who attend religious activities regularly or not at all drink more moderately, whereas those who attend religious activities intermittently drink more heavily.
- ✔ Men who place a higher social value on drinking are more inclined to drink heavily.

Faulkner raised concerns about drinking patterns in fraternities because of the strong utilitarian value placed on drinking in social settings. Because of the strength of peer influence in fraternal settings and because men who belong to fraternities tend to come from higher socioeconomic backgrounds, one may define fraternity members as being at increased risk for alcohol-related problems.

In another study, Klein found that fraternity and sorority members experienced significantly more problems with alcohol than did nonmembers.[8] Fraternity house residents experienced twice as many problems as apartment residents and three times as many problems as students in residence halls.

Denial is frequently well ingrained among fraternity members. A member can be having trouble with his grades, experiencing aggressiveness and fighting, and be unable to pay his membership dues, and still he will not be confronted because of loyalty of the brotherhood. Fraternities, sororities, and other social organizations desperately need to hear the message that "friends help friends with problems to find help."

Special prevention programs and intervention training for fraternities and sororities are worthwhile activities. Also, national chapters often can offer support and training for local chapters and they may have considerable influence.

Alumni

Many alumni are survivors of AOD-related experiences and, as such, may be negative influences on students. The alumni know what risks they took during college, and they may want to relive these experiences during Homecoming Weekend. Undergraduate students will watch alumni behavior closely, knowing that alumni are revered by the college. Prevention education among alumni, and especially among alumni of fraternities and sororities, is therefore important and can be offered through publications and alumni boards.

Appropriate alumni AOD policies can encourage beneficial role modeling for students. Such policies may restrict "tailgate parties" to conform to the law, require appropriate hosting of social events where alcohol is served, and encourage events where alcohol is not present.

Alumni are a large part of the campus culture, the living embodiment of much of the campus tradition. They can help set an example for a safe and healthier campus environment by both their presence and the activities they choose to sponsor and attend. Alumni should be encouraged to consider activities not centered around alcohol, such as storytelling that reflects the achievements of former students. Also, gifts to the university can be targeted to school newspapers to make the papers less dependent on alcohol advertising and to enable the editors to run stories on the campus problems associated with alcohol. As Robin Wilson, president of Chico State University at Chico, put it so well, "If this culture of alcohol abuse is not confronted, then what? If not now, when? If not us, by whom?"

Parents

Parental education that informs parents of college policies, programs, and perspectives on AOD use is critical and should continue through all the years a student is associated with the college. Methods include direct mail and miniseminars.

Most parents appreciate colleges that take a tough stand on AOD use. Who more than they recognize that their recent high school graduates still need guidance and protection in this area? Regular parental communication about prevention is not only a public service, but also good public relations.

The Community at Large

Most college towns have bars and liquor stores that will sell to minors. This undermining by the surrounding community makes a program administrator's job much more difficult. There is little use in appealing to the civic-mindedness of these law-breaking establishments. Still, program administrators can appeal to others in the community—most notably the mayor, the district attorney, and the police chief—to stop the illegal sale of alcohol.

In one medium-sized college city, illegal alcohol sales were stopped when concerned citizens contacted these three powerful leaders. In response, the three leaders sent the following letter to all bar and store operators:[9]

> Dear Store Operator:
>
> As a seller of alcoholic beverages in our area, you have a tremendous responsibility in your hands—the lives of our children. Most of you have handled that responsibility very well. But some have not. A survey of local high school youth showed that 86.7 percent are drinking alcohol and 27 percent are exhibiting early signs of alcoholism. Someone is selling these young people alcohol, and it is time to put a stop to it.
>
> On June 10, enforcement officials began a crackdown on those who sell to minors. This campaign, named "Stop the Teen Intoxication Kick" (STIK), means that we are going to stop at nothing to catch every irresponsible seller, and all will be prosecuted to the full extent of the law with as much negative publicity as possible.
>
> We realize that most of you are not abusing your permits and that many of you are parents who are just as angry about this life-threatening problem as we are. We will appreciate your help with this campaign, and you have our solemn promise that soon your children will be safe from what never should have been a problem in the first place.
>
> Please counsel your employees and institute the toughest I.D. checking procedures possible. We do not need to tell you that your establishment must check I.D.'s and refuse suspicious identification. We would also like to ask you to retain false I.D.'s for us to trace. You see, we will be attacking this problem from all sides.

> We are currently printing 3"-by-5" "We Support STIK" stickers. We encourage all permit holders to place these on store, bar, and restaurant doors, alcohol coolers, check-out counters, and other places where they can be seen by patrons. Please fill out the attached form with the number of stickers needed, and we will mail them to you. We look forward to seeing this subtle message to the underaged at prominent places in your establishments.

The mayor, district attorney, and police chief were true to their word in the STIK campaign. They even organized an undercover sting operation! Working with volunteer minors who attempted to purchase alcohol, police caught unethical bar and store operators. The entire community applauded these efforts, and other cities began to use the STIK campaign as a model program to stop illegal alcohol sales to youth.

Many persons in the community surrounding any college are willing to support prevention efforts. This support could take the form of airing public service announcements, printing articles, bearing down on AOD-related crimes, displaying posters, offering counseling services, providing intervention, hosting AOD-free activities, offering training, or approaching the problem in many other ways.

Changing the total campus climate to support prevention and intervention means including the surrounding community as well. After all, students leave campus for shopping, dining, entertainment, and other activities, and many students live off campus. A campus that is strong on prevention needs the context of a prevention-oriented community. Working with key leaders and organizations within the community is one way to ensure that the campus and community are moving in the same direction. Community involvement will quickly turn into community support for prevention, and everyone will benefit.

A Word About Evaluation

Evaluation has an undeserved bad reputation, possibly because most people think of a threatening, statistically significant process when they hear the word "evaluation." Besides, who has time to look backward when there is so much work left to do?

Evaluation is an integral part of everyday life—the part that allows for improvement and change. Evaluation takes place without notice—for example, when one balances a checkbook ("I really shouldn't have spent so much on groceries last month; *next time* I'll only buy the things on my list") or when one assesses his or her weight ("I can't believe I gained two pounds in one day; *next time* we eat out, there will be no dessert for me!"). It is safe to say that improvement without evaluation is impossible. How can something be "better than" without an evaluation of the original?

Evaluation is most valuable when it helps a program planner look back at what has been done and finish this sentence: "*Next time,* to do it better, we will. . . ." Increasing effectiveness is what evaluation is all about.

A simple evaluation technique is a *debriefing.* A program administrator may call together the important players in an AOD-free activity to ask questions and listen to their responses. Naturally, problems will be revealed, as will successes that can be duplicated or expanded upon in the future.

Observation is another means of evaluation. A planning group member may attend an activity as a member of the target audience, reporting back his or her observations. For example, a program administrator might unobtrusively attend a campus seminar on "Families with AOD Problems" to note how many students attended, the kinds of students who came (traditional or nontraditional), their level of interest, the kinds of questions asked, and the need for a followup seminar or an on-campus support group.

A third evaluation tool is in-depth *personal interviews.* The first step in conducting such an interview is to develop a list of nonleading, revealing questions. Next, the interviewer meets with members of the target audience privately, asks the questions, and writes down the responses. A minimum of four in-depth personal interviews should be conducted before the feedback is studied for future planning purposes. In-depth personal interviews can be used to help an instructor evaluate a class series on AOD issues. An impartial

interviewer can work with the instructor to develop a series of open-ended questions, including: "What did you think about the classes on AOD issues?" "What were your thoughts about the content and presentation?" "Was any of the information new to you?" "What was most interesting?" "What was least interesting?" "How did you feel about the discussion?" "Will what you heard affect you in the future?" "How?" "Would you like to see the classes changed in any way?"

Probably the most common evaluation tool is the *questionnaire*. Questionnaires allow program administrators to gather and tabulate information from many respondents. Questions can be added to yield a profile of the target audience, and respondents are more likely to be honest because questionnaires are usually anonymous.

Evaluations can be as complicated or as simple as desired. Program administrators who want a formal evaluation that includes statistics but who lack the time or skills to do this work may consider inviting a professor or graduate student to undertake a formal evaluation for publication or a class project.

Regardless of the evaluation techniques used, the goal of evaluation is improvement. Being able to capitalize on successes and avoid past mistakes is well worth the time an evaluation requires.

Strong prevention efforts on campus will help many students avoid AOD use. But as long as there are users, some students will pay high personal tolls. So, besides preventing new use, campuses must deal with the damage that has already been done. This is the topic of chapter 3.

Notes

1. Toffler, A. *Newsweek*, April 4, 1988, as published in Eigen, L.D., and Siegel, J.P. *The Manager's Book of Quotations.* New York: AMACOM, 1989, p. 157.

2. Kraft, D.P. The prevention and treatment of alcohol problems on a college campus. *Journal of Alcohol and Drug Education* 34:37–51, 1988.

3. U.S. Department of Education, Office of Educational Research and Improvement. *Approaches to Drug Abuse Prevention in Colleges and Universities.* Pub. No. PIP89-857. Washington, DC: U.S. Department of Education, 1988.

4. O'Connell, D.F., and Patterson, H.O. A survey of college alcohol abuse programs, attitudes and training needs. *Journal of Alcohol and Drug Education* 34:61–69, 1989.

5. Caleekal-John, S., and Goodstadt, M.S. Alcohol use and its consequences among Canadian university students. *Canadian Journal of Higher Education* 13:59–69, 1983.

6. Anderson, D.S., and Gadaleto, A.F. Summary of alcohol education programs nationwide. Compiled as part of *The College Alcohol Survey, 1979–1988*, unpublished manuscript, 1988. (Copies are available from David S. Anderson, Ph.D., Center for Health Promotion, George Mason University, Fairfax, VA 22030.)

7. Faulkner, K.K., Alcorn, J.D., and Carvin, R.B. Prediction of alcohol consumption among fraternity pledges. *Journal of Alcohol and Drug Education* 34:12–28, 1989.

8. Klein, H. Helping the college student problem drinker. *Journal of College Student Development* 30:323–331, 1989.

9. Correspondence sent to all store operators as part of the STIK campaign in Jackson, Mississippi, from the district attorney, mayor, and chief of police. June 10, 1984.

Chapter Three:

BUILDING STRONG INTERVENTION INTO THE CAMPUS COMMUNITY

Overview

As long as some students use alcohol and other drugs, there will be personal damage that must be addressed. Intervention must be included as part of the prevention effort in changing the campus culture.

As noted in chapter 1, AOD problems include more than alcoholism and other drug addiction. AOD-related problems include, but are not limited to,

- ✔ alcoholism and other drug addiction;
- ✔ increased risk of AIDS and other sexually transmitted diseases;
- ✔ impaired-driving automobile crashes;
- ✔ emotional damage from parental AOD use;
- ✔ fetal alcohol syndrome and other drug-related birth defects;
- ✔ trauma, including fires, falls, and drownings;
- ✔ violence, including date rape and other crimes; and
- ✔ fatal AOD overdoses.

Crises will sometimes drive students to ask for help. Whom do they turn to with an AOD-related problem?

Dealing With Students in Crisis

Students responding to one survey said they would first turn to a friend for help. The students who expressed the greatest comfort with seeking assistance were those who had become actively involved in campus life through student organizations and activities.[1] These students who were most involved, in fact, expanded the resources they would seek to include faculty role models.

In another study, which suggested 13 possible sources of help, most students said they would turn to four sources: a counselor, a faculty role model, printed information, and friends.[2]

Counselors

Students who seek help from a counselor are highly motivated because they are willing to look to a stranger or someone they do not know very well and face the seriousness of their situation.

Students often approach counselors about the AOD-related problems of someone else—a friend or family member—about whom they are concerned. Commonly, students come because a close friend is drinking heavily or using other drugs with disastrous results. The friend is typically in denial, claiming that there is no problem or that the concerned friend is the one with a "mental problem." In these cases, a counselor with appropriate training and experience might contact the parents of the student struggling with alcohol or other drugs for permission to confront the student directly.

Faculty Role Models

All faculty members are role models, but not all are positive ones. Consider the story of Lea:

> In junior college, I idolized my psychology instructor. I realized I was in over my head the day he invited me to a rustic cabin in the mountains for a "psychology experiment"—no words for a week, no clothes, and a case of wine. When I went on to a 4-year college, the head of the department offered to change my "B" to an "A" in exchange for sex. I heard he was an alcoholic and used other drugs. I changed my major.

Although most faculty members are excellent role models, Lea's story is not uncommon. Therefore, it is not wise to encourage all students with personal problems to turn to all faculty members for help.

One way to know who students trust is to ask them. A polling box staffed by students can be placed in an area of heavy student traffic. Two questions should be printed on the ballots: (1) If you had a personal problem, would you consider talking to a faculty member? (2) If so, to whom would you turn, and why?

After the student-selected faculty members have been identified and discreetly checked out with the dean, they may be invited to act as natural helpers, in the same manner as the students spotlighted at Washington State University (see below). Interested faculty can then be taken off campus for training or invited to a series of on-campus seminars. Also, they may benefit from the *Faculty Member's Handbook* distributed with this College Series.

Printed Materials

OSAP has conducted focus groups on students' attitudes toward various methods of prevention and intervention. During these groups, students specified that they would notice posters containing a telephone number of a local self-help group or a crisis hotline. They maintained that posters with a telephone number, placed on frequently used doors, on classroom walls, and in heavily traveled areas, would be most helpful because students could discreetly record the telephone number, which they could then call later in privacy.

After examining several posters, the students agreed that those that were most effective startled them by using ironic humor, or "humor with a sting," as one student put it. A favorite example was a poster of singer Stevie Wonder, with a caption that read, "Before I'll ride with a drunk driver, I'll drive myself."

The students agreed that straightforward humor on posters was not effective as an intervention. One student summarized the discussions of the focus groups by saying, "People with alcohol and other drug problems want to deny what's happening. They like to make jokes about their use, and posters that are 'cute' reinforce their perception that the situation isn't that serious."

In general, the students thought that brochures would be effective only if they were short and placed where students could pick them up without being observed. Students suggested placing brochures in all campus mailboxes, medical examining rooms, and private corners of residence halls.

Friends

Probably no one is surprised that friends were named in both studies. Peer pressure, both positive and negative, does not end with high school graduation. Unfortunately, students involved in heavy AOD use usually associate with peers who use equally as much. These "friends" are more likely to reassure those who come to them that they really do not have a problem at all!

Washington State University addressed this negative counseling problem by asking for "natural helpers" in residence halls.[3] Each residence hall surveyed its residents and asked them to name four people with whom they would feel comfortable discussing problems. Those named were asked to become natural helpers.

These natural helpers form a group within the residence hall system. They help others in personal growth and decisionmaking and in the use of professional resources when needed. Natural helpers are not formal counselors, but they receive training in communication skills, decisionmaking, and resource referral. They attend an off-campus weekend seminar to develop skills in esteem building, communication, crisis handling, and team building.

One natural helper said, "My door is always open, and there is a box of tissues on my shelf. . . . People come to me to talk—I always have a wet shoulder!"[4]

The natural helper program can be expanded to include fraternities and sororities, academic departments, and the student council. Another excellent source for natural helpers is recovering students from Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

Tips for All Helpers

Of course, not all students with problems are going to seek help. Most need a caring individual to reach out and gently probe to find out what is troubling them. Ideally, everyone should be prepared to recognize, initiate conversation with, and talk with any student who has a problem that is hurting him or her. Psychotherapist Dana Max, who works successfully with youth in crises and trains members of the public to be natural helpers, offers the following tips[5]:

1. *Be prepared before you ever see a student in crisis.* Know yourself—your strengths, limitations, and issues. Decide ahead of time how you will deal with certain problems. For instance, one college employee knows that he feels uncomfortable dealing with young females in sexual crisis. Therefore, he has discussed this with two sensitive women who work in his office. They have agreed that, when he is presented with troubled young females, he will gently bring the two women in to them and discreetly excuse himself.

2. *Remember that you do not have to be in crisis yourself.* Sharing with a student in crisis can be heartbreaking. A campus helper who joins the crisis, panics, or gets too emotional can do more harm than good. Be there, listen, love, take the necessary action—but walk away from it (to the extent possible) when you are not needed. This is a thin line to walk, but a helper must be aware and stay balanced.

3. *Have a ready list of excellent referrals at your fingertips before a crisis arises.* Helpers may research referrals themselves, or a list may be provided by a campus organizer. If you are doing the research, do not depend solely on the telephone book. Think about the types of referrals that might be needed for alcoholism, drug addiction, incest, rape, unwanted pregnancy, emotional problems, etc. Get to know your referrals personally ahead of time. Call the agencies and individuals that might be needed and meet them if possible. If they refuse to meet with you or ask you to pay, this is a sign to look somewhere else. Most professionals who deal with people in crisis welcome a new source of referrals. Ask them how much their services cost and how they would handle particular situations. Finally, get to know the college's counselors. As in any profession, some are excellent and some are not. You need to know who you can count on.

4. *Do not be intimidated by the cost of counseling.* In many local community mental health centers, minors are admitted much more quickly than adults, with a sliding fee that may be as low as $5 per session. Also, many religious institutions have trained counselors on staff or volunteers to work at night. Finally, professional counselors are encouraged by their peers to do some pro bono work. Helpers who have sent many referrals to a therapist may be successful in arranging free services for a student who cannot afford to pay. It is possible to find help for students in the private sector, but the secret is to establish relationships and know what services are there.

5. *Be willing to be "unbusy" around students.* People in need are very sensitive. They will not let you see that they are in crisis until you are willing to be "unbusy" around them. Really stop and listen; if you put your plans down when you are alone together, you may hear the heart cry.

6. *Look and listen.* People will rarely say, "I am a person in crisis." You may see a student alone in a crowd with his or her head dropped and eyes sad. Listen with your eyes and ears. Notice if you feel a heaviness despite the disguise the person may be wearing. Be aware of the typical "I-have-a-friend-who-has-a-problem" ruse.

7. *Really be with the person who needs you.* Be silent and listen to the whole story. Do not react immediately out of anxiety or give pat answers. Respect the moment of sharing and be real.

8. *Give the person you. Do not sell yourself short.* Sometimes just a concerned "Hmmm . . . that must be painful for you" or just your presence is needed. Your presence says, "You are worth my time and energy." This conveys a message that can touch even the toughest person.

As a rule, intervention happens through relationships. Someone in trouble with alcoholism, drug addiction, or AOD-related problems reaches out to someone or is reached by someone who cares. A large part of building strong intervention into a campus community involves empowering compassionate people who already have access to students.

The Power of Self-Help Groups

More frequently, colleges are allowing their facilities to be used by campus chapters of AA (Alcoholics Anonymous), Al-Anon, ACoA (Adult Children of Alcoholics), NA (Narcotics Anonymous), and other self-help groups. These groups are especially successful if they are promoted to students through posters, articles in the student newspaper, public service announcements on local radio and television stations, class announcements, and flyers in student mailboxes. The group meetings allow students to obtain help while remaining anonymous—an important consideration for many individuals. Also, an attractive aspect of self-help groups for students is that they are free, existing solely on donations.

Other self-help groups also address problems that are often AOD-related, including incest, other sexual issues, and loss of family members. Persons close to individuals with AOD problems need to get help, whether or not the alcoholic or drug addict agrees to seek treatment. Support groups can be centers of great healing for family members and friends.

Self-help groups do not offer formal treatment for people who may have crossed the line to alcoholism or other drug addiction. They are usually an adjunct to formal treatment. Group members are, however, familiar with community treatment resources and can make referrals.

Many people say that self-help programs are the best thing that ever happened to them and that they are happier than they would have been if an AOD problem had not driven them to a self-help group. A description of the major AOD-related support groups that could start campus chapters or be available locally can be found in the appendix.

Notes

1. Cherry, A. Undergraduate alcohol misuse: Suggested strategies for prevention and early detection. *Journal of Alcohol and Drug Education* 32:1–6, 1987.

2. Klein, H., *op. cit.*

3. Baily, J. Group gives aid. *Daily Evergreen*, Nov. 20, 1987, pp. 1–3.

4. Max, D. "Youth in Crisis," workshop presented at the Youth Leadership Conference of Episcopal Renewal Ministries, Fullerton, CA, February 24, 1990.

5. Ibid.

Chapter Four:

SUMMARY

Although alcohol is the drug most commonly used by college students, many other drugs, especially marijuana, cocaine, and stimulants, are also found on campus. Some students also use LSD, tranquilizers, inhalants, other opiates, crack cocaine, sedatives, barbiturates, methaqualone, and heroin. Such use is associated with increased risk of AIDS and other sexually transmitted diseases, impaired-driving crashes, emotional damage from parental addiction, AOD-related birth defects, date rape, trauma, violence and other crimes, and death.

It *is* time to "Put on the Brakes" regarding alcohol consumption and other drug use on campus and to reexamine the climate on campus contributing to such behavior. One bright spot is the recent sharp downturn in cocaine use, beginning in 1987. This trend encourages program planners to be optimistic that college students can act on prevention messages and change their behavior.

Program administrators also are finding that prevention is gaining support in American society, in the campus culture, in high schools offering training to future college students, in offices of college policymakers, and in various departments of the Federal Government. Program administrators have never been in a better position to deal with the AOD problem on campus than they are today.

Changing campus culture to discourage AOD use will demand a comprehensive approach that must be multifaceted and encompass a wide range of policies, educational efforts, and environmental changes. No one person or department can do it alone. A successful AOD prevention program demands the cooperation of college presidents and governing boards, department heads and faculty, admissions staff, student personnel staff, AOD coordinators, social activity organizers, the student body, fraternities and sororities, alumni, parents, and the surrounding community.

Motivating some of these groups to take even small steps toward a prevention program may be challenging. Some may never budge, but most will eventually cooperate with encouragement and support.

As elaborated by Lewis D. Eigen in *Alcohol Practices, Policies, and Potentials of American Colleges and Universities: A White Paper,* the possible considerations for a successful prevention program are myriad[1]:

- ✔ **Policy**
  Regulating:
  - ✔ Permissible campus activities
  - ✔ Places and times for drinking (for those of legal age)
  - ✔ Drunkenness
  - ✔ Conditions of use
  - ✔ Campus newspaper alcohol beverage advertising and promotions
  - ✔ Campus alcohol marketing and sponsorship of events
- ✔ **Programmatic**
  - ✔ Alcohol education programs
  - ✔ Referral programs
  - ✔ Local research and dissemination
  - ✔ Countering alcohol advertising with health and safety messages
  - ✔ Class scheduling considerations
  - ✔ Funding

As action is taken, evaluation can greatly increase effectiveness by helping planners finish the sentence, "*Next time,* to do it better, we will. . . ." Common, simple evaluation techniques are debriefing, observation, in-depth personal interviews, and questionnaires.

When students recognize that they have serious problems, they are most likely to turn to friends, faculty role models, counselors, or printed materials. Program administrators can use this knowledge to make sure that students and faculty who are natural helpers have the training, or at least the referral information, they need.

It is easier to reach students who ask for help, but most students do not. Instead, they need caring individuals to reach out to them to probe, listen, and refer them to appropriate resources. Eight basic principles that individuals with these natural helping gifts need to remember are

- ✔ be prepared before you ever see a student in crisis;
- ✔ remember that you do not have to be in crisis yourself;

- ✔ have a ready list of excellent referrals at your fingertips before a crisis arises;
- ✔ do not be intimidated by the cost of counseling;
- ✔ be willing to be "unbusy" around students;
- ✔ look and listen;
- ✔ really *be* with the person who needs you; and
- ✔ give the person *you*.

One easy referral for students is a self-help group, especially if there is a group chapter on campus. These groups are free and offer students support, advice, and information on formal treatment. A description of these groups can be found in the appendix.

It *is* possible to make a difference in the AOD epidemic on college campuses if an approach is used that addresses the entire college culture. An old Sioux proverb says, "If you don't know where you are going, any path will take you there." Program administrators must know where they are going, carefully selecting and evaluating the paths that are taking them there. A generation of American youth depends on it.

Notes

1. Eigen, L.D. *Alcohol Practices, Policies, and Potentials of American Colleges and Universities: A White Paper.* Rockville, MD: OSAP, 1991, pp. 32–76.

Appendix

Examples of Alcohol and Other Drug Prevention Strategies

This section describes AOD efforts at a randomly selected sample of colleges. These efforts are described for possible replication or to spark other ideas.

Bryn Mawr College, Bryn Mawr, Pennsylvania, and Haverford College, Haverford, Pennsylvania

Bryn Mawr enrolls 2,100 undergraduate women. Haverford has approximately 1,000 undergraduates, of whom 50 percent are men. More than 90 percent of the students at both colleges reside on campus. These two private colleges cooperate in a joint program for AOD prevention.

The AOD education in this program is incorporated in the wellness model that guides the physical education curriculum. The wellness model consists of 50 percent physical education and 50 percent peer education. The latter part is a freestanding component staffed by volunteers who are given 9 weeks of training in 2-hour time slots by a social worker. Once trained, these volunteers respond to invitations to make presentations in classes. A few professors (e.g., the Psychology 101 instructor) work closely with the AOD program and its student volunteers. The social work faculty members also help in research, not only through a survey of students' AOD-related knowledge, attitudes, and behavior, but also in a student research project that is more qualitative and clinical in nature.

Sometimes, faculty members urge students to attend alcohol-free campus events, sometimes even canceling their classes to help students attend. Other times, students take the lead and bring faculty members to events (e.g., a session on neurobiology). The campus center offers nontraditional, continuing education through speakers and other events. At Bryn Mawr, faculty members have learned to refer students for professional help. At Haverford, the faculty physicians who provide health services also serve as an EAP.

California Polytechnic, Pomona, California

California Polytechnic is a suburban college 35 miles east of Los Angeles, with approximately 20,000 students (95 percent commuters) representing many cultures. During Alcohol Awareness Week, many faculty members

include AOD-related information in their lectures and assignments. Teach-ins offer presentations on AOD-related topics from 8 a.m. until 6 p.m. and are attended by both faculty and staff. One year, an activity called "Collision Vehicles" was conducted, in which the California Highway Patrol provided two cars involved in alcohol-related crashes. Busy campus thoroughfares displayed the cars, and guides described the alcohol-related collisions that resulted in the occupants' deaths. "Prevention Tape-a-Thons" played prevention videos continuously in the lobby of the student union.

Every year, faculty and staff receive a referral list of self-help groups and treatment facilities in the community for personal use or for referrals. AA and ACoA groups meet weekly on campus, bringing together students, faculty, and staff with common interests. Also, students respond very well to Los Angeles Dodgers players who are recovering from AOD problems and who participate in discussions at the student union. Residence hall leaders also sponsor AOD-free social activities that include outside speakers. Resident advisors receive regular training to enable them to recognize and deal with residents' AOD-related problems.

Converse College, Spartanburg, South Carolina

This private, urban 4-year college for women has an undergraduate population of approximately 1,200, most of whom reside on campus. Initially, 17 student leaders and 17 faculty and staff members were selected for a joint effort known as the alcohol and other drug abuse prevention team (ADAPT). However, the students initially selected had too little time for this effort, and other students volunteered. Some of these volunteers had worked with similar programs planning AOD-free activities in high school.

College faculty members have learned how to intervene when students appear to have AOD problems, and they know where to refer these students for help. The campus chaplain also intervenes. The campus psychologist gives a presentation on the signs and symptoms of AOD problems and on what faculty members can do about them. Other types of support come from self-help organizations, one of which is a codependency group. The campus also has an ACoA group.

Courses in psychology and sociology have AOD components. Other classes are addressed by visiting speakers, including a recovering alcoholic who maintains a busy schedule of campus appearances. To encourage faculty participation, the library houses a collection of AOD-related materials, and faculty are encouraged to interest students in using it.

Cornell University, Ithaca, New York

Cornell has a student population of approximately 18,000. More than 5,000 students live in university housing on the Ithaca campus, and nearly 2,000 live in fraternity and sorority houses.

The AOD prevention component of Cornell's health center program is multifaceted, addressing special issues relating to the fraternity and sorority houses and using special techniques to reach the commuting students. The AOD program has a general approach that is holistic and prevention oriented.

The program's impact comes from health center services, EAP activities, and a peer leadership program called ALERT (alcohol education, research, and training). Student volunteers in ALERT receive one semester of training and then are expected to serve for two semesters as peer educators. They respond to invitations from resident assistants in the campus residence halls; from fraternities, sororities, and other organizations; and from faculty and staff.

A new online computer program with terminals throughout the campus, called the IQ Network, was designed to reach commuters, although other students can take advantage of the program as well. This computer program has (1) research-based information on the metabolism and effects of alcohol and other drugs, and on other basic related facts; (2) QUEST, a knowledge-based, gamelike quiz that awards points toward winning a T-shirt; and (3) an anonymous self-assessment questionnaire that provides entree into AOD-related issues that may involve self, friends, colleagues, or family. It encourages the individual to contact the campus health center for help with perceived or potential AOD-related problems.

Frederick Community College, Frederick, Maryland

In this public 2-year institution, all students are commuters. The college's AOD prevention program focuses on educating the faculty and the administration. Faculty development includes increasing knowledge about AOD prevention and providing strategies to motivate faculty members to teach the AOD-related content. Training is provided in new teaching strategies that fit the prevention goals. Finally, faculty who have achieved success in this endeavor are asked, "Would you mind teaching someone else how to do this?" This helps transfer knowledge and skills from one department to another and from one course section to another within the same department. AOD-related issues have been incorporated into classes on psychology, nursing, business, English, composition, sociology, speech, and biology. Teachers receive training in dealing with the sensitive reactions of some students—those who have close relatives or friends with AOD problems—to highly disturbing topics. For example, when a student in a psychology class gave a vivid account of his

recovery from a cocaine-induced aortic aneurysm, some class members responded with intense personal feelings. The training sessions enable faculty to expect and cope with such situations.

Howard University, Washington, DC

This private, urban university has approximately 7,000 undergraduates, most of whom are residents and about 90 percent of whom are African American. An initial survey of a cross section of classes showed that the top three drugs (excluding alcohol) used by students were—in order of reported consumption—marijuana, cocaine, and caffeine pills.

The AOD prevention program, named the Howard University Drug Education and Prevention Program (HUDEPP), has a close working relationship with the university's counseling center. HUDEPP has an organized 74-member student group divided into eight committees: research, outreach, safe holidays, National Collegiate Alcohol Awareness and National Collegiate Drug Awareness weeks, fundraising, TIPS (originally an acronym for Training in Intervention Procedures for Savers, about monitoring alcohol intake of customers or guests), publicity, and drug-free zone. The relevant activities of each of these committees are summarized below.

1. *Research.* An annual survey is conducted of students' AOD use and attitudes and of faculty and staff attitudes.

2. *Outreach.* Community activities—for example, a tutorial program for elementary and junior high school students—are conducted by Howard students who live in university housing located off campus and who often see drug dealers on the streets.

3. *Safe Holidays.* Before each holiday, materials are distributed such as tips on how to give alcohol-free parties, information on drinking and driving, legal decisions about social host liability, and alcohol-free recipes for drinks.

4. *National Collegiate Alcohol Awareness and National Collegiate Drug Awareness Weeks.* Rallies and other events are held, featuring celebrity speakers who can relate their histories of overcoming drug dependence (e.g., Natalie Cole) and other speakers who can describe injuries and overdose consequences (e.g., coroners).

5. *Fundraising.* Grant proposals are submitted for HUDEPP activities, and plans are developed for raising funds to aid other efforts, such as rallies and information distribution.

6. *TIPS.* Training, followed by certification, is submitted for 30-member student groups in such topics as metabolism of alcohol, social host responsibility, and basic behavioral cues signaling intoxication.

7. *Publicity.* Campuswide antidrug materials are distributed on bulletin boards and elsewhere, and assistance is provided with marketing HUDEPP-sponsored events.

8. *Drug-Free Zone.* Agreement is reached on criteria for a drug-free zone in which specific rules and penalties are in force, and an effort is being made to obtain a university statement declaring Howard University a drug-free zone.

Jackson State University, Jackson, Mississippi

Jackson State is attended by about 7,000 students. The program at this predominately African American, urban, State university was started in 1974. For a master's degree in AOD studies, core faculty from the departments of health and physical education, psychology, sociology, and guidance developed an interdisciplinary AOD curriculum, one that is holistic and places a high priority on wellness and healthy lifestyles. Many students earning degrees in this program have gone on to employment in social service positions. The program is placed within the School of Liberal Arts under the dean of academic affairs. Innovative administration has opened the way for faculty to conduct research in AOD studies while still continuing to teach. The schedule of a sociology professor, for example, includes a commitment of one-quarter-time AOD research. The AOD program also functions as a service agency, providing for early intervention and consistently supporting a drug-free lifestyle for students, faculty, and staff. Under this program, screening and assessment of students' AOD use results in one of three outcomes: (1) any students who use alcohol or other drugs are placed in an educational program to learn about the consequences of such use; (2) when showing signs of AOD-related problems, students are required to receive counseling and other support services and to participate in education sessions; and (3) students who become addicted are required to withdraw from the university. The center, which maintains close liaison with the treatment community, assists by making referrals, helping to negotiate insurance coverage and other cost agreements, and collaborating with student services on other matters affecting a student's recovery. Following successful treatment, students can apply for readmission to the university. Since 1984, the faculty has been systematically involved in early intervention of students' AOD problems.

The center began this effort with a letter to the faculty outlining the services available and listing some behavioral indicators of a problem, such as frequent absences, a drop in grades, inattentiveness, and changes in appearance. This

letter resulted in a flood of requests to come to university classes and talk about alcohol and other drugs. Another development is the faculty's use of the center's referral services, not only for students but also for themselves, colleagues, and members of their families.

The Johns Hopkins University, Baltimore, Maryland

This private, urban institution comprises several campuses. The Homewood campus serves as the base of operations for the university's AOD prevention program, reaching approximately 3,000 undergraduates. All freshmen (about 850) are required to live on the Homewood campus, whereas other students occupy off-campus, university-owned apartments and commercial housing units. This distribution of undergraduates presents logistical challenges for the AOD program.

The university's AOD philosophy is positive, emphasizing wellness and a healthy environment. AOD problems are not viewed as being restricted to students nor as being isolated from other health issues. In collaboration with the university's EAP, faculty and staff work with students on an AOD committee. The EAP also offers instruction in effective intervention with colleagues, troubled employees, and family members who have AOD problems.

At the beginning of the academic year, information on the AOD program is included in an orientation meeting for faculty that describes the resources available on the university campuses. *The Gazette*, a publication read by faculty and staff, also carries this kind of information and promotes AOD-free activities throughout the year. Another program activity at Johns Hopkins focuses on faculty development and curriculum changes in the medical school and the hospital. The program sees faculty participation as a key to long-term success; whereas the student population constantly turns over, the faculty is somewhat stable, thus providing continuity.

Miami-Dade Community College, Miami, Florida

This public institution has five campuses and a total student population of between 80,000 and 100,000. AOD program leaders have developed both urban and rural models for prevention and referrals in community college environments. A needs assessment of AOD-related attitudes, beliefs, and usage revealed that many students have relatives with AOD problems, so AOD prevention modules now appear in the curriculum. The targeted areas offer campus-appropriate specialties. The Florida Keys campus, for example, has a nursing program that recognizes codependence of family members as a major issue. Most students in this program take a 3-hour, one-semester course on codependence. At the more urban Miami-Dade campus, police science is a

targeted area. Besides initiating a 40-hour in-service AOD program for Miami police, the college offers police cadets a computerized module. An important incentive is the State requirements represented in certification tests. On Miami-Dade's north campus (which has 17,000 students), the faculty requested a compendium of AOD prevention information and resources. A three-ring binder of resource materials was prepared. In addition, a computer program was developed for the faculty to use in requesting audiovisual materials.

Midwestern State University, Wichita Falls, Texas

This rural 4-year public institution has approximately 5,000 students. Unlike the AOD program in most colleges and universities, the Midwestern State University Center for Alcohol and Drug Education is housed in an academic department, the Division of Social and Behavioral Sciences.

Program implementation began with letters to faculty and staff to let them know the program existed. The earliest responses showed that the program was viewed, mistakenly, as an AOD treatment program. Therefore, the first task was to correct this misperception. Program personnel met with faculty members to ask how AOD education could be integrated into existing courses.

In one semester, the program coordinator made 50 presentations to various classes; each presentation was designed to fit the needs of the particular class. In addition, the required freshman seminar included AOD education, and teaching assistants were trained. Initial efforts concentrated on convincing people that an AOD problem existed. During the second semester, the program concentrated on clarifying values and raising awareness about the need to make conscious decisions about choices. This was done by asking questions to generate discussion. The objective was to make the students think and experience cognitive dissonance about what they knew and how they acted. The students were encouraged to argue more about the principles involved than about the risks that go with drinking.

The dimensions of the alcohol problem were estimated from the results of a knowledge, attitudes, and behaviors survey at Midwestern State. Of the students who said they drank, approximately 8 percent reported starting in sixth grade or earlier, 53 percent in high school, and 15 percent in college.

Other elements in Midwestern State's AOD education program include weekly information items sent through several channels (e.g., the campus newspaper), extracurricular talks (e.g., in residence halls) and interviews, short news releases to newspapers, television messages, student-initiated letters to parents, and a discussion session on date rape.

The main obstacle to success with AOD education, says the program coordinator, is the current American culture in which acceptance of youthful drinking as the norm is mixed with a tendency to seek simple answers to complex questions.

Missouri Valley College, Marshall, Missouri

This private, rural 4-year liberal arts college has a student population of 1,100. Approximately 75 percent of the students reside on campus. Missouri Valley is unusual in at least two respects: (1) it dropped tenure status from its faculty structure, and (2) it offers a bachelor of arts degree in alcohol and drug studies (A&DS). The A&DS program has equal status with other degree programs. It also has more autonomy in that it serves other departments and provides counseling and referrals relating to alcohol and other drugs.

The freshman seminar has an AOD component. In addition, classes on alcohol and other drugs, as part of the social sciences curriculum, are mandatory for 90 percent of the student body. Two faculty members have helped to collect library materials on alcohol and other drugs, and the audiovisual department handles requests for films and other types of AOD products. The project director for the AOD program has trained the faculty to help them observe and report signs and symptoms of potential problems. Nearly all problems are reported first to the dean of students; the dean usually refers individuals to the campus A&DS director, who, in turn, counsels the students or refers them to treatment. The campus EAP is headed by the dean of students and the A&DS director.

Students recovering from AOD problems serve as volunteers in the program. They visit classes and other group settings and describe their traumatic experiences to their peers. These sessions usually are marked by emotional responses in the audience and often bring forth requests from other students for professional help. Since the program began, referrals for AOD problems have increased, not because the problems have grown worse but because they have come to light.

Students also are involved in the college-led campaign for a drug-free city. In this, they take on community outreach tasks, including visits to grade school classes.

Northeastern Illinois University, Chicago, Illinois

This 4-year public university is a commuter institution that enrolls about 10,000 students annually. The faculty development component of the university's AOD program focuses on two objectives: (1) integrating prevention with the regular curriculum, and (2) helping faculty recognize and refer people

with AOD problems. Preparation for the grant program began with a needs assessment that included knowledge, attitudes, and practices regarding alcohol and other drugs. One finding was that many traditional-age students, who lived at home, had family members with AOD problems. Therefore, extracurricular on-campus prevention activities was judged to be insufficient; the curriculum also needed to incorporate AOD-related information. Faculty members have been offered course-release time (usually the equivalent of one course for one semester) to work on their plans for AOD teaching. A resource library developed for faculty use includes a mechanism for responding to requests for AOD materials. A related activity is a needs assessment given during orientation. Based on the needs assessment, a freshman seminar incorporates AOD prevention materials.

Northwest Missouri State University, Maryville, Missouri

This rural 4-year public institution has approximately 5,000 students, most of whom live on campus. The campus Chemical Abuse Resources and Education project has as its goal "improving the quality of campus life." Curricular change is one of six components in this comprehensive program, which reaches beyond the campus to link with community programs. The students are expected to show an interest that goes beyond grades. In keeping with this emphasis, the student senate sponsors a forum on alcohol policies. A campuswide contest produced materials compiled into a book entitled *Voices of Northwest Students on Drugs, Alcohol, and Sexual Responsibility*; this book is displayed prominently on campus. Classes that implement AOD education include marketing research, business and society, systems analysis and design, plant science, speech, communications and public relations, and music composition.

Sinte Gleska College, Rosebud, South Dakota

This 4-year college is located on the Rosebud Sioux reservation. All students (approximately 500 per semester) are commuters; 75 percent are American Indians, and approximately 50 percent are adult children of alcoholics. At the AOD program's outset, workshops for faculty were held on topics such as stress management and codependency. The college's board of directors recently approved a course entitled "Survey of Alcohol and Drugs," which is now a graduation requirement for all students; a group of students in the first class of this course organized a sobriety dance attended by both students and faculty. The board has also approved an Employee Assistance Program, which will give faculty and staff access to counseling and referrals for their AOD problems or for the problems of others who are affecting their lives. Recognizing the seriousness of the AOD problem, the college has established an Institute on Alcohol and Drug Abuse, which receives funds from the Robert Wood Johnson Foundation. For its current activities, the institute has identified

three reservation communities that will participate in community-based AOD programs. This demonstration project is expected to result in the development and testing of models that can be used in other communities.

Valencia Community College, Orlando, Florida

This public institution, with a total enrollment of about 60,000 students, comprises five campuses. Its comprehensive AOD prevention program is tailored to the needs of its different campuses and focuses on prevention and wellness. The AOD education program trains faculty and staff in information, skills, and attitudes related to addiction and wellness. The AOD curriculum emphasizes prevention. Valencia is a "campus without walls" in that the classes meet in convenient, available locations throughout the community. Health professionals, law enforcement personnel, and government employees can take continuing education courses to update their certifications. The AOD education program includes student orientation for professionals and certification updating for individuals who specialize in addiction work. Faculty receive training in how to incorporate AOD-related content into their classes. During 10-minute slots in regularly scheduled meetings, the faculty are informed about AOD-relevant curriculum changes and other program features.

Other Strategies

The following are other strategies being implemented by colleges:

✔ *The Alcohol Class Social and Individual Patterns of Alcohol Use.* Students may choose this academic course to meet graduation requirements. Evaluation of the course suggests a positive impact on the frequency, quantity, and negative consequences of alcohol use experienced by class participants as compared with matched controls.

Estimated Cost: $2,500 per semester
Location: Northern Illinois University, DeKalb, Illinois

✔ *Mentors' Program.* Selected faculty serve as mentors for a group of incoming freshman students to assist with transitional issues. Prevention efforts are emphasized.

Estimated Cost: Unknown
Location: University of Arkansas, Fayetteville, Arkansas

✔ *Project W.A.I.T., Wellesley Alcohol Information Theater.* This theater-based education program uses vignettes created and acted by students to trigger discussion. A videotape provides an alternative to live performance.

Estimated Cost: $175 per performance or to purchase video
Location: Wellesley College, Wellesley, Massachusetts

✔ *Peer Intervention.* This intervention program brings together a small group of concerned friends, advisers, instructors, and family who have gone through Peer Intervention Training. The problem drinker is brought in, not knowing what will occur. Constructive confrontation/intervention usually leads to treatment. There must be a working relationship with a treatment facility.

Estimated Cost: Training and much emotional involvement
Location: North Carolina State University, Raleigh, North Carolina

✔ *DWI Van Presentation and Demonstration.* Metro police officers bring the DWI van to campus at different times and sites to demonstrate its use.

Estimated Cost: $25 for advertising
Location: Memphis State University, Memphis, Tennessee

✔ *Sampling Luncheon.* Faculty and students sample a variety of nonalcoholic beverages and receive recipes for them. Lunch is also provided. The intent is to give people alternatives before they plan their holiday parties.

Estimated Cost: $250
Location: Wichita State University, Wichita, Kansas

✔ *Sex, Drugs, and Rock-n-Roll Conference.* This well-attended annual conference deals with sex and drug education, offered in 12 different sessions. Students are given T-shirts.

Estimated Cost: $3,000+
Location: Case Western Reserve University, Cleveland, Ohio

✔ *Dr. Ed.* A psychologist from the academic department offers his time, via advertisements in the student media as "Dr. Ed" to speak to groups or to deal with individual problems in an unofficial and nonthreatening way for those unwilling to use the formal means available.

Estimated Cost: None
Location: Colgate University, Hamilton, New York

- ✔ *All-Emory Teach-In on Alcohol.* During the yearly Awareness Week, professors devote at least one lecture to a discussion on alcohol.

  Estimated Cost: None
  Location: Emory University, Atlanta, Georgia

- ✔ *Behavior Education for Addiction Prevention (BEAP Program).* A team of students is formally trained by professional staff to work as interventionists/referral sources for other students.

  Estimated Cost: $10,000 per year professional salary
  Location: University of Denver, Denver, Colorado

- ✔ *On Tap (Take Action Program).* This referral resource is for alcohol-related violators. It includes 8 hours of basic education about AOD problems in a group or individual setting.

  Estimated Cost: Minimal materials and 8 hours' staff time
  Location: Marshall University, Huntington, West Virginia

- ✔ *Electronic Mail Messages.* All students are connected to a mainframe computer and have electronic "mailboxes." AOD items of interest and educational value are sent regularly to all students.

  Estimated Cost: None (with time-sharing mainframe installed)
  Location: U.S. Naval Academy, Annapolis, Maryland

- ✔ *Alcohol Education for Off-Campus Students.* A package of materials—including six educational posters; information on party planning, laws, and ordinances; emergency numbers; information about the campus alcohol education program; and alternative beverage recipes—is distributed to off-campus apartment complexes.

  Estimated Cost: $8,000, which includes the initial development of materials
  Location: University of New Hampshire, Durham, New Hampshire

- ✔ *Mock DWI Trial.* The trial presents complete cases for the defense and prosecution. Members of the cast may include a college patrolman, the chief of police, the district attorney, and the students' attorney for the college. The trial also includes the showing of a videotape of a defendant being given the statutory Texas DWI warning, as well as performing field sobriety tests. The audience acts as the jury.

  Estimated Cost: None
  Location: Texas A&M University, College Station, Texas

- ✔ *Anatomy of a Party.* This activity focuses primarily on fraternity and sorority life. It uses theater-in-the-round and brief presentations in a "Donahue" format to portray graphically issues and liabilities associated with social functions. The activity consists of a skit in four parts. After each part of the skit, the curtain closes and the audience engages in a discussion of what has just taken place. Comments and challenges from a panel of five professionals in law, judicial affairs, counseling, and the Texas Alcohol Beverage Commission stimulate the discussion.

  Estimated Cost: Advertising only
  Location: Texas A&M University, College Station, Texas

- ✔ *"Hollywood Squares" Game Show.* This project, set in a dormitory, involves competition among residence halls. The "guest stars" are student leaders who sit in nine dormitory windows facing out in a way that resembles the set of the "Hollywood Squares" show. Each hall has one representative, and each game lasts approximately 5 minutes. The guest stars are asked questions dealing with myths and misconceptions about alcohol, and the contestants are asked to agree or disagree. Prizes donated by the community are given to the winners.

  Estimated Cost: $10 plus advertising
  Location: Texas A&M University, College Station, Texas

- ✔ *Drug Control Game Show.* This activity is a takeoff of the MTV game show "Remote Control." Questions are grouped into categories and focus on myths and misconceptions about alcohol and other drugs. Three contestants are chosen from three student organizations. The game lasts 30 minutes, and prizes are given to the winner.

  Estimated Cost: $5 plus advertising
  Location: Texas A&M University, College Station, Texas

- ✔ *Discipline Referral Workshop.* This AOD education program is conducted monthly for students involved in AOD-related violations. It includes education sessions and individual followup.

  Estimated Cost: None, other than personnel costs
  Location: Texas A&M University, College Station, Texas

- ✔ *Adult Children of Alcoholics Support Group.* On-campus meetings of 8 to 12 undergraduate and graduate students are held weekly. Discussion, guided by a leader, revolves around recovery issues faced by adult children of alcoholics.

  Estimated Cost: Free to students
  Location: University of Pittsburgh, Pittsburgh, Pennsylvania

✔ *Can a Bike Run on Beer?* This activity is designed to demonstrate the effects of alcohol on motor coordination. After ingesting alcohol, bicyclists over age 21 maneuver an obstacle course set up by the local police. The cyclists' blood alcohol content is measured to demonstrate the relationship between alcohol content and dysfunctional coordination. The effect of alcohol on fine motor coordination is shown by successive writing of the phrase, "I can drive when I am drinking."

Estimated Cost: $25
Location: College of Charleston, Charleston, South Carolina

Alternative Activities Suggested by College Students Throughout the Nation in 10 "Policy and Programs for the 1990s" Workshop During 1989

1. 4-Square volleyball
2. Access to food until late in the p.m. (or early in the a.m.)
3. Aerobics
4. Alcohol-free dances (one per week) (every weekend)
5. Alcohol-free holiday events (Valentine's Day, Christmas, etc.)
6. All night film festivals
7. All night parties on campus with comedians
8. All nighters (movies, ghost night, etc.)
9. Anything from 11 p.m. to 2 a.m.
10. Athletic events
11. Auctions
12. Beach parties
13. Block parties

14. Bowling games and pizza

15. Camping (on the weekends)

16. Campus bar (alcohol-free)

17. Campuswide dry party during awareness week

18. Carnival fairs

19. Club-sponsored dances with a DJ, cabaret/Wednesday night

20. Co-ed athletics (at night)

21. Community service

22. Concerts

23. Cop night (get security involved)

24. Craft fairs

25. Cultural events (i.e. dance troop, talent shows, etc.)

26. Daily activities sponsored by different groups (i.e. lip sync, mocktails, variety show, resident council, and commuter council)

27. Derby days (one week of events)

28. Dinner served outside (provided by the cafeteria food service)

29. Dinner dances with DJs

30. Do things with other colleges

31. "Don't be a Dick" party

32. Egg toss

33. Expresso bar (11 p.m.–1 a.m.)

34. Faculty serve students meals, etc.

35. Faculty versus staff games

36. Faculty/student panels

37. Film series

38. Free games night in the union

39. Friday, Saturday night movies

40. "Genie" for a day

41. Greek week games (mud wrestling, etc.)

42. Have activities every night

43. Have sanctioned "vandalism"

44. Have strong student leadership

45. Health promotion activities (fitness, self-esteem building)

46. Ice cream social for the frosh

47. Intramural sports

48. Involve college students in programs for younger kids

49. "Jack's Corner"–TGIF, dances, videos (a place on campus)

50. Kidnap parties (fraternities and sororities–giant sandwich)

51. Late night intramurals

52. Later hours to get food on campus

53. Lectures

54. Live arounds (with guidelines)

55. Lock-ins

56. Lots of activities during freshmen orientation

57. "Merry Dodge" Cafe

58. Mocktail parties

59. Mocktails/alcohol-free drinks (fraternity/sorority serves the drinks)

60. Movie night (2 per week start at 10 or 11 p.m. on weekends)

61. Movies on campus during the weekend (current movies)

62. Music

63. Nonalcohol beverage nightclub

64. Nonalcohol tailgate parties

65. Noon concerts

66. Off-campus activities

67. Offer food/self service during exam times at all hours

68. Olympics

69. Pageants

70. Panels with various topics

71. Pep rallies

72. Pep rallies with food and nonalcoholic beverages

73. Picnics/dances with DJs (good for commuters when held during the day)

74. Planned games

75. Pre-athletic primer parties

76. Progressive dinners

77. Progressive student leader training

78. Provide prizes

79. Red ribbon day (second semester no-drinking day)

80. Religious programs

81. Rent videos

82. Residence hall floor mixers

83. Resident hall floor variety night

84. Resident hall weeks

85. Rootbeer keg parties

86. SGA-sponsored activities, i.e. float trips (boating), free game rooms, road races, pig roasts; get community/corporate support

87. Skiing

88. Skit night

89. Small band outdoor concerts

90. Speakers (athletes, bands, concerts, stars)

91. Sports bashes with lots to eat

92. Student/faculty dialogues

93. Suitcase party before spring break

94. Sunday night snacks in the dorm

95. Swim parties

96. T-shirt sales

97. Theme parties

98. Tie parties

99. Toga dance

100. Trips

101. Tuck-in parties

102. Volleyball leagues late at night

103. WAR-Games (catch the flag)

104. Wednesday night cinema

105. White water rafting

106. Win/lose/draw game boards

Sources of Policy Statements

Alcohol and Other Drugs in the College or University Setting

The Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse

The Network has developed a set of standards which provide an outline of activities around which the campuswide effort may develop. Colleges and universities may become members of the Network by stating that they are attempting to meet these standards. Specific initiatives and activities are incorporated within the four areas of Policy, Education, Enforcement, and Assessment.

Contact: Network Coordinator
Office of Educational Research and Improvement
U.S. Department of Education
444 New Jersey Avenue, NW
Washington, DC 20208
202-219-2106

American College Personnel Association

The American College Personnel Association (ACPA) sponsored a taskforce on alcohol and other drug issues. This group prepared a document of *Guidelines for a Comprehensive Institutional Response to Alcohol and Other Drug Problems.* Included in this document are four elements: (a) Developing a Comprehensive Program; (b) What Individuals, Groups/Departments, and Institutions Can Do To Help Prevent and Reduce Alcohol and Other Drug Problems; (c) Planning Constituencies; (d) Examples of Efforts. Specific efforts include education, curriculum, policy, prevention, intervention, treatment, referral, role model, networking, needs assessment evaluation and research, community cooperation, alternative activities, and law enforcement.

Contact: Chairperson, ACPA Commission on Alcohol and
Other Drugs Counseling Center
Central Michigan University
Mt. Pleasant, MI 48859
517-774-3381

American College Health Association

The American College Health Association prepared a document entitled *Recommended Standards: Alcohol and Other Drug Use, Misuse and Dependency*. This addresses the roles that collegiate student services and the student health service should play. Included in this document are discussions of General Approach, Mission of College Health Program, Professional Competence, Administrative/Professional Standards, Organization and Administration, and Human Resources. Specific recommendations for alcohol and other drug programs include (a) Primary Prevention—preventing the occurrence of a problem; (b) Secondary Prevention—reversing, halting, or retarding a problem; and (c) Tertiary Prevention—minimizing the effects of disease on disability.

Contact: Chairman, Task Force on Alcohol and Other Drugs
American College Health Association
1300 Piccard Drive, #200
Rockville, MD 20850
301-963-1100

American Council on Education

The American Council on Education convened an ad hoc advisory committee on alcohol and other drugs and prepared a resource document *Alcohol and Other Substance Abuse: Resources for Institutional Action*. This document contains the Network standards, a synopsis of liability issues, resources, and a conceptual framework for collegiate efforts. This framework includes (a) Assessing and Managing the Environment; (b) Comprehensive Policies and Procedures; (c) Education and Training Programs; and (d) Rehabilitation and Treatment Programs.

Contact: Office on Self-Regulation Initiatives
American Council on Education
One Dupont Circle, NW
Washington, DC 20036
202-939-9355

Description of Self-Help Groups

Al-Anon Family Groups. Al-Anon Family Groups include Al-Anon for adult family members and friends of alcoholics, Al-Anon Adult Children Groups for adult children of alcoholics (who still need help even if the parent is deceased), and Alateen for youthful family members of alcoholics. Local groups are listed in most telephone directories. Al-Anon can be reached at P.O. Box 862, Midtown Station, New York, NY 10018-0862, (212) 302-7240 and 1-800-356-9996.

Adult Children of Alcoholics (ACoA). ACoA groups are for adults whose parents and/or grandparents had or currently have alcohol problems. The nearest Al-Anon group or a local treatment facility can direct those interested to any ACoA groups nearby. Children of alcoholics also may be interested in the activities of the National Association for Children of Alcoholics (NACoA), a national nonprofit organization. NACoA can be contacted at 31582 Coast Highway, Suite B, South Laguna, CA 92677, (714) 499-3889.

Alcoholics Anonymous (AA). AA is for alcoholics who want to stop drinking and regain sobriety. Through AA's 12 steps to recovery, members hold that (1) they are willing to accept help, (2) self-examination is critical, (3) the admission of personal shortcomings to another individual is necessary, and (4) helping their peers helps their own personal growth and recovery. Local groups are listed under "Alcohol" or "Alcoholism" in the Yellow Pages. The world headquarters is at P.O. Box 459, Grand Central Station, New York, NY 10163, (212) 686-1100.

COCANON Family Groups. People whose lives have been affected by a friend or family member's cocaine use may benefit from COCANON. These groups are organized into local chapters, which are often listed in the telephone book. They exist to help the families of drug users rather than to address the needs of users themselves. The anonymity of all participants is protected and respected. The address of COCANON Family Groups is P.O. Box 64742-66, Los Angeles, CA 90064, (213) 859-2206.

Families Anonymous (FA), Inc. FA is a group of concerned relatives and friends "who have faced up to the reality that the problems of someone close to us are seriously affecting our lives and our ability to function normally." Based on AA's 12 steps, the organization was formed primarily for persons concerned about the AOD problems of a family member, particularly a child. Over the

years, it has expanded to include concern about related behavioral problems, including hostility, truancy, and running away. FA can be contacted at P.O. Box 528, Van Nuys, CA 91408, (818) 989-7841.

Nar-Anon family groups. This is a companion, although separate, program to Narcotics Anonymous. It is for family members of those with drug problems. They learn to view addiction as a disease, reduce family tension, and encourage drug users to seek help. The Nar-Anon World Service Office can be contacted at P.O. Box 2562, Palos Verdes Peninsula, CA 90274, (213) 547-5800.

Narcotics Anonymous (NA). NA is a mutual-help program based on AA's 12 steps. Its members are "men and women for whom drugs [have] become a major problem." NA is a program of complete abstinence from all mind-altering drugs. If a local group is not listed in the telephone directory, the World Service Office can provide information at P.O. Box 9999, Van Nuys, CA 91409, or call (818) 780-3951.

Women for Sobriety, Inc. This is a national organization, with local units, that addresses the specific needs of women with alcohol problems. The program is designed to be combined with other alcohol treatment programs or to serve as an alternative to other mutual-help groups. Local units can be found in the telephone listings; otherwise, those interested can contact Women for Sobriety, Inc., at P.O. Box 618, Quakertown, PA 18951, (215) 536-8026.

Tables and Figures

Table 1. Trends in Lifetime[a] Prevalence of 14 Types of Drugs Among College Students 1–4 Years Beyond High School

	Percent who used in lifetime										
Approx. Wtd. N =	1980 (1040)	1981 (1130)	1982 (1150)	1983 (1170)	1984 (1110)	1985 (1080)	1986 (1190)	1987 (1220)	1988 (1310)	1989 (1300)	1990 (1400)
Alcohol	94.3	95.2	95.2	95.0	94.2	95.3	94.9	94.1	94.9	93.7	93.1
Any illicit drug[b]	69.4	66.8	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0
Any illicit drug[b] other than marijuana	42.2	41.3	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4
Marijuana	65.0	63.3	60.5	63.1	59.0	60.6	57.9	55.8	54.3	51.3	49.1
Inhalants[c]	10.2	8.8	10.6	11.0	10.4	10.6	11.0	13.2	12.6	15.0	13.9
Hallucinogens	15.0	12.0	15.0	12.2	12.9	11.4	11.2	10.9	10.2	10.7	11.2
LSD	10.3	8.5	11.5	8.8	9.4	7.4	7.7	8.0	7.5	7.8	9.1
Cocaine	22.0	21.5	22.4	23.1	21.7	22.9	23.3	20.6	15.8	14.6	11.4
Crack[d]	NA	NA	NA	NA	NA	NA	NA	3.3	3.4	2.4	1.4
MDMA ("Ecstasy")[e]	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.8	3.9
Heroin	0.9	0.6	0.5	0.3	0.5	0.4	0.4	0.6	0.3	0.7	0.3
Other opiates[f]	8.9	8.3	8.1	8.4	8.9	6.3	8.8	7.6	6.3	7.6	6.8
Stimulants[f]	29.5	29.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, adjusted[f,g]	NA	NA	30.1	27.8	27.8	25.4	22.3	19.8	17.7	14.6	13.2
Crystal methamphetamine[h]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.0
Sedatives[f]	13.7	14.2	14.1	12.2	10.8	9.3	8.0	6.1	4.7	4.1	NA
Barbiturates[f]	8.1	7.8	8.2	6.6	6.4	4.9	5.4	3.5	3.6	3.2	3.8
Methaqualone[f]	10.3	10.4	11.1	9.2	9.0	7.2	5.8	4.1	2.2	2.4	NA
Tranquilizers[f]	15.2	11.4	11.7	10.8	10.8	9.8	10.7	8.7	8.0	8.0	7.1

Source: Johnston, L.D. "Illicit Drug Use, Drinking and Smoking: National Survey Results from America's High School Students, College Students and Young Adults Populations, 1975–1991," Rockville, MD: NIDA, 1991, forthcoming.

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001.
NA indicates data not available.

[a] Data are uncorrected for cross-time inconsistencies in the answers.
[b] Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.
[c] This drug was asked about in four of the five questionnaire forms in 1980–89, and in five of the six questionnaire forms in 1990.
[d] This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990.
[e] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990.
[f] Only drug use that was not under a doctor's orders is included here.
[g] Based on the data from the revised question, which attempts to exclude the inappropriate reporting of nonprescription stimulants.
[h] This drug was asked about in two of the six questionnaire forms. N is two-sixths of N indicated.

Table 2. Trends in Annual Prevalence of 14 Types of Drugs Among College Students 1–4 Years Beyond High School

	Percent who used in last 12 months										
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5
Any illicit drug[a]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3
Any illicit drug[a] other than marijuana	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6
MDMA ("Ecstasy")[d]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	0.2	0.1	0.1
Other opiates[e]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9
Stimulants[e]	22.4	22.2	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, adjusted[e,f]	NA	NA	21.1	17.3	15.7	11.9	10.3	7.2	6.2	4.6	4.5
Crystal methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1
Sedatives[e]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA
Barbiturates[e]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4
Methaqualone[e]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA
Tranquilizers[e]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0

Source: Johnston, L.D. "Illicit Drug Use, Drinking and Smoking: National Survey Results from America's High School Students, College Students and Young Adults Populations, 1975–1991," Rockville, MD: NIDA, 1991, forthcoming.

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001.
NA indicates data not available.

[a] Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.

[b] This drug was asked about in four of the five questionnaire forms in 1980–89, and in five of the six questionnaire forms in 1990.

[c] This drug was asked about in one of the five questionnaire forms in 1986, in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990.

[d] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990.

[e] Only drug use that was not under a doctor's orders is included here.

[f] Based on the data from the revised question, which attempts to exclude the inappropriate reporting of nonprescription stimulants.

[g] This drug was asked about in two of the six questionnaire forms. N is two-sixths of N indicated.

Table 3. Trends in 30-Day Prevalence of 14 Types of Drugs Among College Students 1–4 Years Beyond High School

	Percent who used in last 30 days										
Approx. Wtd. N =	1980 (1040)	1981 (1130)	1982 (1150)	1983 (1170)	1984 (1110)	1985 (1080)	1986 (1190)	1987 (1220)	1988 (1310)	1989 (1300)	1990 (1400)
Alcohol	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5
Any illicit drug[a]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2
Any illicit drug[a] other than marijuana	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1
Cocaine	6.9	7.3	7.9	6.5	7.8	6.9	7.0	4.6	4.2	2.8	1.2
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1
MDMA ("Ecstasy")[d]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6
Heroin	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0
Other opiates[e]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5
Stimulants[e]	13.4	12.3	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, adjusted[e,f]	NA	NA	9.9	7.0	5.5	4.2	3.7	2.3	1.8	1.3	1.4
Crystal methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0
Sedatives[e]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA
Barbiturates[e]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.6	0.5	0.2	0.2
Methaqualone[e]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA
Tranquilizers[e]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5

Source: Johnston, L.D. "Illicit Drug Use, Drinking and Smoking: National Survey Results from America's High School Students, College Students and Young Adults Populations, 1975–1991," Rockville, MD: NIDA, 1991, forthcoming.

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001.
NA indicates data not available.

[a] Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.

[b] This question was asked in four of the five questionnaire forms in 1980–89, and in five of the six questionnaire forms in 1990.

[c] This question was asked in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990.

[d] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990.

[e] Only drug use that was not under a doctor's orders is included here.

[f] Based on the data from the revised question, which attempts to exclude the inappropriate reporting of nonprescription stimulants.

[g] This drug was asked about in two of the six questionnaire forms. N is two-sixths of N indicated.

Table 4. Trends in 30-Day Prevalence of *Daily* Use for Marijuana, Cocaine, Stimulants, Alcohol, and Cigarettes Among College Students 1–4 Years Beyond High School

	Percent who used daily in last 30 days										
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)
Alcohol											
Daily	6.5	5.5	6.1	6.1	6.6	5.0	4.6	6.0	4.9	4.0	3.8
5+ drinks in a row in last 2 weeks	43.9	43.6	44.0	43.1	45.4	44.6	45.0	42.8	43.2	41.7	41.0
Marijuana	7.2	5.6	4.2	3.8	3.6	3.1	2.1	2.3	1.8	2.6	1.7
Cocaine	0.2	0.0	0.3	0.1	0.4	0.1	0.1	0.1	0.1	0.0	0.0
Stimulants[a]	0.5	0.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants adjusted[a,b]	NA	NA	0.3	0.2	0.2	0.0	0.1	0.1	0.0	0.0	0.0
Cigarettes											
Daily	18.3	17.1	16.2	15.3	14.7	14.2	12.7	13.9	12.4	12.2	12.1
Half-pack or more per day	12.7	11.9	10.5	9.6	10.2	9.4	8.3	8.2	7.3	6.7	8.2

Source: Johnston, L.D. "Illicit Drug Use, Drinking and Smoking: National Survey Results from America's High School Students, College Students and Young Adults Populations, 1975–1991," Rockville, MD: NIDA, 1991, forthcoming.

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001.
NA indicates data not available.

[a] Only drug use that was not under a doctor's orders is included here.

[b] Based on the data from the revised question, which attempts to exclude the inappropriate reporting of nonprescription stimulants.

Figure 1. Alcohol: Trends in Annual Prevalence Among College Students vs. Others 1–4 Years Beyond High School

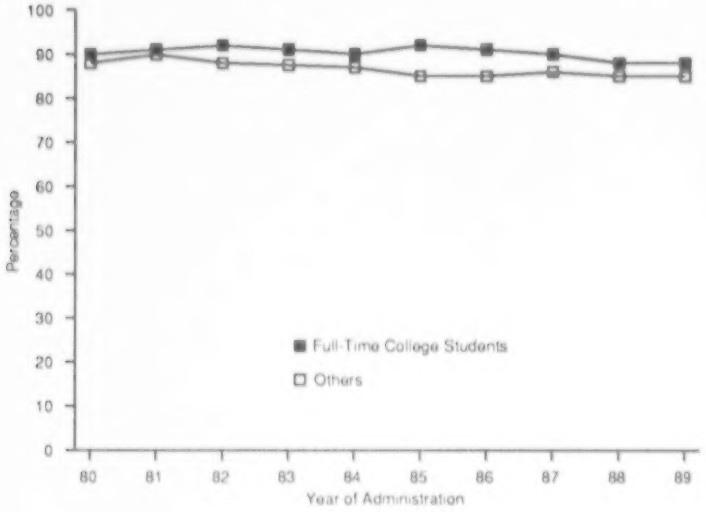
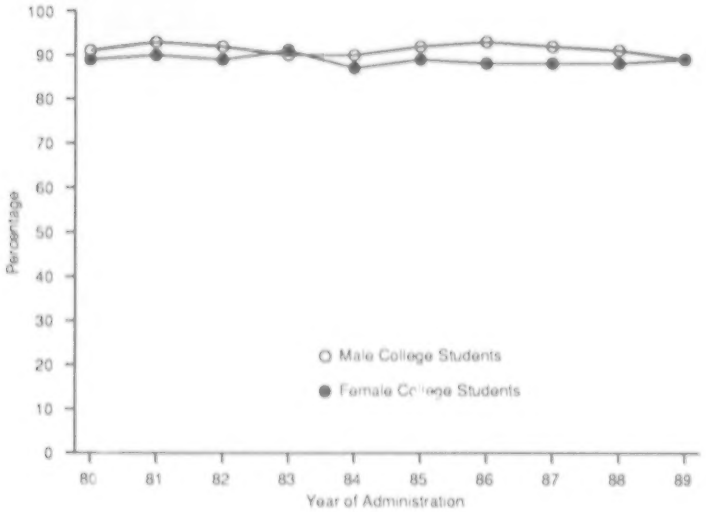


Figure 2. Alcohol: Trends in Annual Prevalence Among Male and Female College Students



Source: Johnston L.D. "Drug Use, Smoking and Drinking by America's High School Students, College Students, and Young Adults, 1975–1987," DHHS Pub. No. (ADM)89-1602, Rockville, MD: NIDA, 1988.

Figure 3. Alcohol: Trends in 30-Day Prevalence of *Daily* Use Among College Students vs. Others 1–4 Years Beyond High School

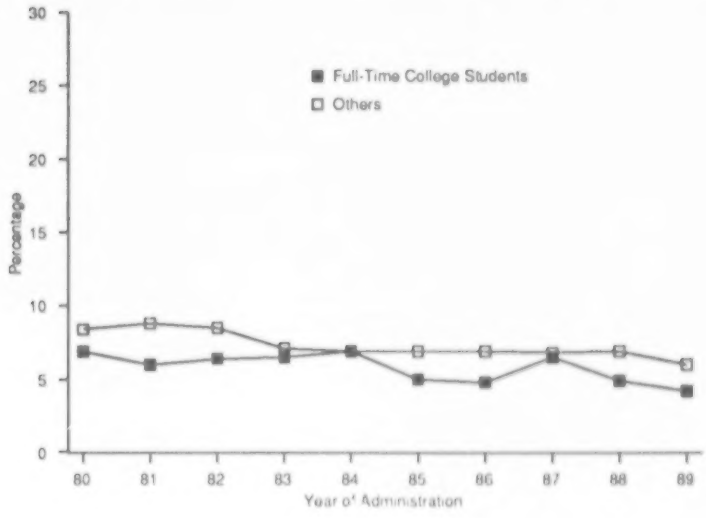
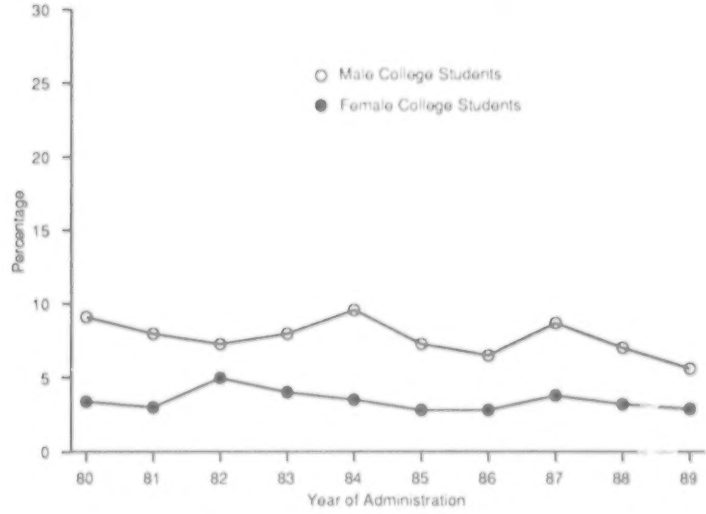


Figure 4. Alcohol: Trends in 30-Day Prevalence of *Daily* Use Among Male and Female College Students



Source: Johnston L.D. "Drug Use, Smoking and Drinking by America's High School Students, College Students, and Young Adults, 1975–1987," DHHS Pub. No. (ADM)89-1602, Rockville, MD: NIDA, 1988.

Figure 5. Alcohol: Trends in 2-Week Prevalence of Use of 5 or More Drinks in a Row Among College Students vs. Others 1–4 Years Beyond High School

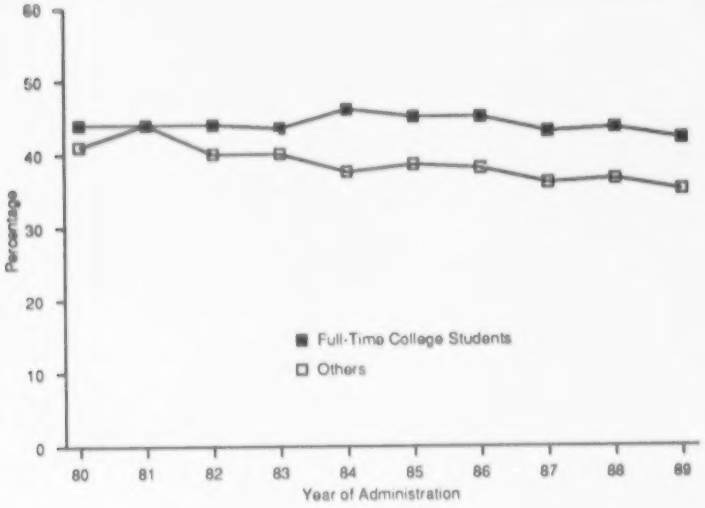
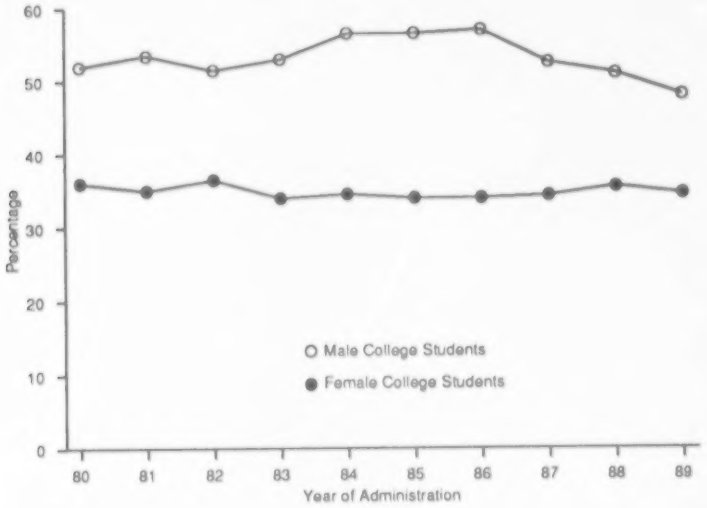


Figure 6. Alcohol: Trends in 2-Week Prevalence of Use of 5 or More Drinks in a Row Among Male and Female College Students



Source: Johnston, L.D. "Drug Use, Smoking and Drinking by America's High School Students, College Students and Young Adults, 1975–1987," DHHS Pub. No. (ADM)89-1602, Rockville, MD: NIDA, 1988.

☆U.S. GOVERNMENT PRINTING OFFICE: 1991-302-428

Other publications in this series include:

Faculty Member's Handbook

A White Paper: Alcohol Practices, Policies, and Potentials of American Colleges and Universities

A Prevention Resource Guide on College Youth

Prepared and published by the Office for Substance Abuse Prevention
and distributed by the
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
1-800-487-1447

BEST COPY AVAILABLE

98 BEST COPY AVAILABLE